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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HESIENE CERTIFICATE OF DEATH

FOR 1 - STATE REGISTRAR REG. NO DECEASED NAME FIRST 2a DATE OF DEATH 7h HOUR TYPE OR PRINTS EUGENE A. ARAPTAN August 4,1985 9:05 M 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH 29° White Male Dec. 7a. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York USA Allegany DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
Memorial Hospital Retired Inst Cumber land Insurance USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Allegany LaVale 18 Helman Dr. Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Unknown Eugene Arapian Mitzi 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT above (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 270-10-8667 Mrs. Kathleen P. Arapian - same as 18 CAUSE OF DEATH (Enter only one couse per line or (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITYPE OR PRINTY 22e ADDRESS Memorial Hospital Medical Building Cumberland, Md. 21502 Dr. R. J. Barrera 23a BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 8/4/85 Smithburg Crematorium Cremation Smithburg, Wash. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Hafer, Jr. LaWale, MD Lie De it on - Mandell

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# Ziegler Funeral Home

1 - STATE Hyndman, PA

I. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEATH

LAST

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26 HOUR

REG. NO

20 DATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	CIAP g phy	inl-tro
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2	D To	After os the
	TEND intol	TOR or use
	AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed writing attended from effer death. Per the hospital or attending physician.	AL DIRECTOR. After this certificate has been signed by the attending physician and complicity tilliad in 19 the funeral distracted for use as the busial-transit permit. Then please remove carbon papers. Pages, Leniar though be 11 al within 72 has been af Health and Mental Hygiene prior to burial, cremation, ar removal.
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	3 SEX		4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRTHDA		IF UNDER	DAYS	IF UNDER	R 24 HRS
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6	13a S	L RESIDENCE (IF NURS TATE	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e.STREET ADDRESS / ZI					
10	I4 FA	THER'S NAME FIRST John P.	Baker	DDLE	l AST •		15. MOTHER'S MAIDEN NA/ FIRST  Margaret R	MIDDLE			LAS1	F	
/		AS DECEASED EVER ES. NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		166 SOCIAL SECU 214521		Melissa S. B.	ADDRESS	), M	t. S		2154 ge,	
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter only AS CAUSED I	BY.	line for (a), (b), and	dic +	failure	+ Death	,	86	APPROXU	MATE INTE	RVAI DEATH
	CERTIFICATION	Conditions, if any, gove rise to imm cause tol, statin underlying cause  PART 2. OTHER SIGN  19a DASE OF OPERAL	last.	NDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR CONDITI	Db. IF YES	ZEN IN P	FINDIN	IGS USE	TH?
9		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN			PART 2)	NO [	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE		ARM ETC	211 LOCATION STREET	CITY OR TOWN		cou	INTY	5	STATE
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,		226. PHYSICIAN'S NA	dru	10	Pasta	1	ATTENDING PHYSICIAN	MEDICAL STAFF	1 🗆	211	9/5	1000	A
		Andrew	Stasko	, M.D.		-	924 Seton	Drive, Cumber	rlan	d, M	/ID 2	1502	2
	(:	Burial Burial	REMOVAL	8/8/8			EMETERY OR CREMATORY  Cemetery	RD, Hyndman	-		_		, P
'B4	24. FU	Harvey H	Zeik	ler, Hy	ndman, P.	A 1	5545 AUG"	OB 1985	REGIST	BAR'S S	M-A	IRE	

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL

# FOR - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYBIENE CERTIFICATE OF DEATH

		REGISTRAR						REG. N	٥.		And the second
		CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	(TYPE	OR PRINT)	BERTHA	Ŋ	1AY	BECI	(	AUGUST 16,			10:15P
	3 SEX	(	4	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	1
		FEMALE		WHIT		MAY	31 1895	90	YRS		HOURS MIN.
22		RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	FDEATH	
1		MARYLAND	- 11	USA		WIDOWE		ALLEGANY		r	MD.
0		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN HERCHITY, GIVE STREET AL HOSPITA	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF HOUSEW	F WORKING LIFE)		OF BUSINESS OR
21		AL RESIDENCE (IF NUR						77-74-73		21	5219
55	IJn. S	MD.	ALLEG		CUMBERLA	ND	138. INSIDE CITY LIMITS?	136 STREET ADDRESS 1		IC STF	REET
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11		HENRY	32.0	HAMM	ANN		MARY	MIDDLE	-17	RHEA	SI
		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS DETERMINE	TITEN	m 2190/
		NO	(11 123, 0112 1	- AN ON DAIES/	213-18-	2469	ALLEN BECK 40	02 OLD FEDE	RAL HY	Lili KUP	<b>B</b> .21804
,		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED I	BY:	line for (a), (b)	boton	sion			BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		Conditions, if any gave rise to im couse (a), statu underlying couse	mediate ng the	(b)_	R AS A CONSEQUE	bufle	Septianis	- gen	-ve.		
	ERTIFICATION	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	0
n	TA	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
	F	A 1975						YES NOW	YES		S OF DEATH?
9	U	21a ACCIDENT WAS UN	CAUSE OF DEATH		M. MONTH DA		21¢ HOW INJURY OCCUR	ZVA			100
	EDICAL	(IF EITHER NOTHEY MED			M	19					
	WED	21d INJURY OCCUR	HILE	21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I	(this hospital	ottended th	e deceased from_		. 19	to			that (I) (we) last
2		sow the deceos above (1) (wg) (	ed alive on		19		d that in (my) (aur) opinion	death accurred on the d	ote and hour a	ind from the	couses stated
		226. SIGNATURE	1			M.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN	THE DATE	18/85
		274 PHYSICIAN SM		RINT)			MEMORIAL HO	SPITAL MED	ICAL BU	ITLDIN	G
		DR. RANJ	ITHAN	100	SIFIE		CUMBERLAND,		21502		

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(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

23b. DATE

rest lawn memorial parkIAVALE ALLEGANY MARYLAND

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE BURIAL 24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND



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6		REGISTRAR CON	FLUEN		15424		ICATE OF DE	AIH		REG. N			
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
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2/1	10 C	ITY OR TOWN OF DE	ATH /		HOSPITAL, NU		R OTHER INSTIT	UTION	120 USUAL			126. KIND C	OF BUSINESS OR
To of		Cumberland	/			ART HOSE	ITAL		Hou Hou	se wi	fe	INDUSTRY OWN	Home
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ury.	z	PART 2 OTHER SIGN	VIFICANT (	CONDITIONS <u>Co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEAS	E OR CON	IDITION G	IVEN IN PART I	o
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No sound	5	148 DATE OF OFERA	11014	178 COND	ITIOIN FOR WI	TICH OPERATIO	4 WAS FERFORN	VED			IN CERT	IFYING CAUSES	OF DEATH?
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		saw the decease obove, (1) (we) (c	ed alive an	ti view the hody	ofter death	19 8 J. or	d that in (my) (as	ur) opinion d	leath accurre	d on the d	ate and ha	our and from the	couses stoted
	1	22h SIGNATURE	1/	1	1	1	DEGREE				-	22c. DATE	SIGNED
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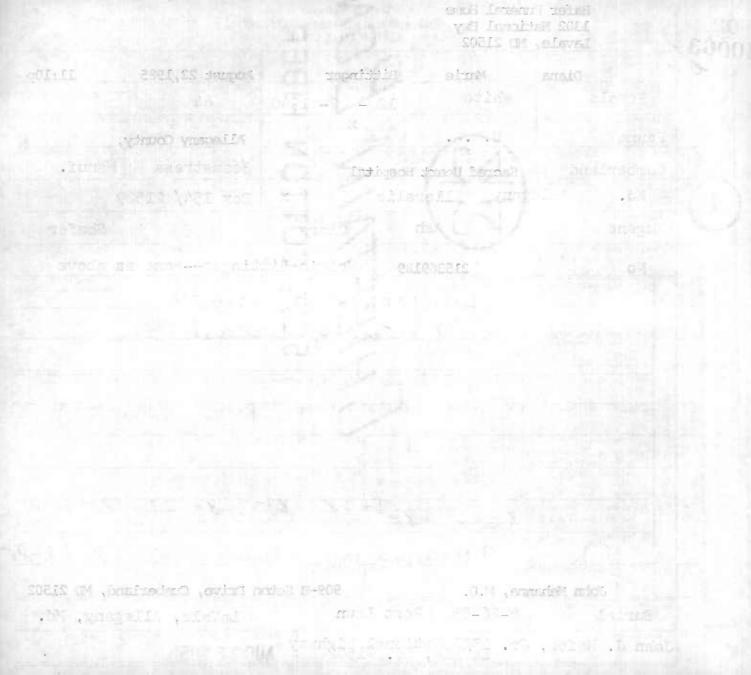
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3		CEASED NAME OR PRINT)	FIRST	MD 215	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
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1	_ (	RTHPLACE (STATE OR OUNTRY)	FOREIGN		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIONORCED D	BALTIMORE CITY OR COUNT Allegany Count		,
1	1	ry or town of de. umberlan	T T 1	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET A THEATT H	ADDRESS)	or other institution	12d USUAL OCCUPATION (TYPE OF WORK FOR WOST OF WORKING I Seamstress	12b. KIND C	of Business C
1	13a. S	TMd.		other institution gany	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	BOX 154/ ZIZ	529	
		ther's NAME ugenë		MIDDLE	Ash		Clara	ME	Sha	fer
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F. 7. 1 10% VIRGINIA AVENUE CUSERLAND, 10. 21512 value in the conference of the 

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH SPESTRAR REG. NO 20. DATE KNOWN X Nathaway William DEATH MATED 8/ 11/10 85 Bovd 4. RACE 6 AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White 1913 Male 19 85 P DEAD BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED Westfield, N.J. U.S.A. DIVORCED Allegany County, ID CITY OR TOWN OF DEATH I. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Western Electric Cumberland Memorial Hospital 847 Johann Drive 13d. INSIDE CITY HARITS? carroll Westminster Maryland 15 MOTHER'S MAIDEN NAME E FATHER'S NAME LAST Nathaway Robson 847 Adobahn Drive Doris Boyd Sr. 17. INFORMANT 166 SOCIAL SECURITY NO. 36-12-4539 Helen M. BoydWestminster, Md. 21157 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c). BETWEEN ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (b)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING OR 8/ 11/19 85 subject driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION .si#40 East of Cumberland .Rocky Gap St. Pk. entrance, Cumberland, Allec WHILE NOT WHILE XX roadway Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Notural couses Undetermined manner AGE 4 SHOURE O FUNERAL DIREG AFTER DEATH, WIT TITLE (SPECIFY) ACTUAL SKINED 8/12/85 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St (TYPE OR PRINT) 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Westminster Cemetery Westminster Carroll 07/84 Fletcher & Son For HATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M FIERAL DIRECTOR **DHMH - 17** Jone Devidson- Handall (VR A15 ME (5))

10 Harriston of

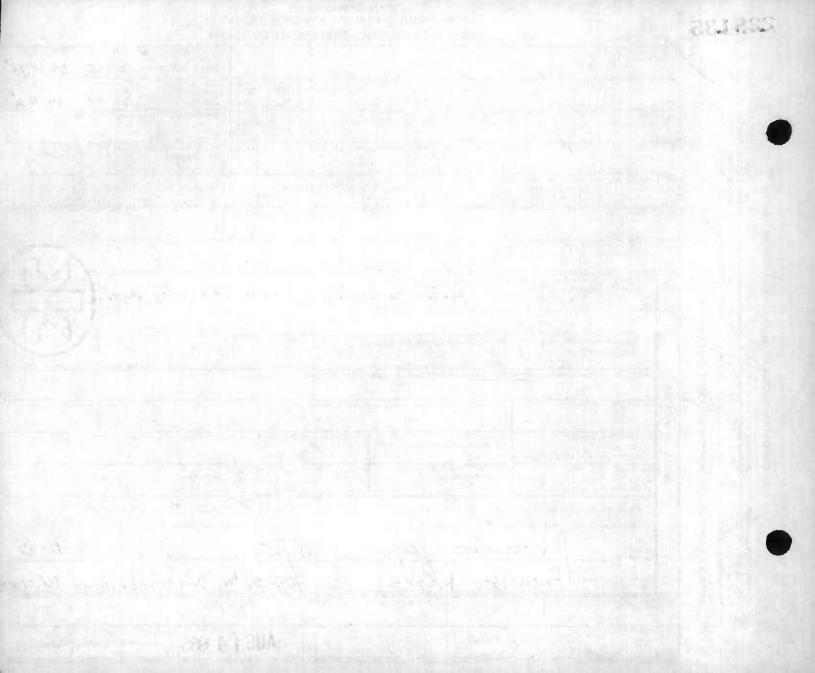
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-15-24 Mes Linkton .orași Pi-21-

20	2040~	1.	FOR		STATE OF	MARYLAND	YGIENE 2 1 2	5 4
KA	28135		STATE REGISTRAR		DICAL EXAMINER'S		FDEATH REG. NO.	
	n .	A DE	CEASED NAME FIRST		WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
	W ~	(TYF	E OR PRINT)	TV.	Katherine E	Bover	OF ESTI-	8 10 1985 11:30
	PLEASE ECTOR. FILES. STREET.	3. SE)	Rose	5. DATE OF BIRTH	6. AGE (IN YEARS   IF	UNDER I YR. IF UNDER		ONTH DAY YEAR 2d HOUL
		-		MONTH DAY		NTHS DAYS HOURS	MIN. PRONOUNCED DEAD	7 .A D
	AND ON TO PA		emale   White	1 1	HAT COUNTRY?		9 BALTIMORE CITY OR CO	17 0 000
	NECESSARY, FUNERAL DIR F FOR YOUR W. WITHIN 72 W. PRESTON	FC	REIGN COUNTRY)		MAI	RRIED NEVER MARRIE		JOHN TOF BEATH
	N S S S S S S S S S S S S S S S S S S S	Ma	ryland TY OR TOWN OF DEATH	US	PITAL, NURSING HOME, OR O	OWED X DIVORCE	D L Allegany IZO USUAL OCCUPATION (TYPE OF W	ME YORK 1126 KIND OF BUSINESS
	DELAY IS TO THE F	10 C	IT OR TOWN OF DEATH		CILITY, GIVE STREET ADDRESS)	THEK INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
	SS		Cumberland LL RESIDENCE (IF IN NURSING HOME		l Hospital			
201	ANY DEL AND 3 TO RETAIN HOUID BI RECORDS		TATE 136 COU		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Maryl	and 21502
. 21201	A A B G B A	Ma	ryland All	egany	Cumberland	YES NO X	Rt. 9 Box 418	
MD.	T. 40.04	14. F	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
A.	SES 1.		George	F.	Hansrote	Malind		Leasure
WO	PAGINA NO	16a. \	VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
BALTIMORE	JRS AFTER S. GIVE PA WITH FOR DIVISION		No		217-10-6203	Lloyd Bo	t.9 Box-416 oyer Cumberland	5M 5
:		10.	IL CAUSE OF DEATH (Enter of	nly ane cause per line				APPROXIMATE INTERVAL
N ST	24 HOI ITEM 1 ONG PERMI SIENE, VAL.		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Arteriosclere	tie Cale	diovascular De	PLESO
PRESTON			provices		AS A CONSEQUENCE OF			
<u> </u>	EA SEA	13	Canditians, if any, which					
3	ANIN OR I		gave rise to immediat cause (a) stating the <u>under</u>		AS A CONSEQUENCE OF			
201	EXAMINE EXAMINE RIAL - TRAN ID MENTAL ION, OR RE		lying cause last.					
	7. 200	138	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH :	BUT NOT RELATED TO THE TERMINAL DISI	ASE OR CONDITION GIVEN IN BAR	116	
RECORDS,	H S S A F S	z			TO THE TERMINAL DIST	ASE OR CONDITION ONEN IN PAR	11(0)	
	- A A - /	CERTIFICATION	190, DATE OF OPERATION	119b. CONDIT	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
Z	SHOULD ORD "PI CHIEF I CHIEF I E USED URIAL	FIG						
>	WORD WORD TE CHIE ENT OF SBURIA	E	ZIG. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY 216	HOW INTURY OCCURRED	) (ENTER NATURE OF INJURY IN ITEM 18 PART I	YES NO
DIVISION OF VITAL	Y#FHXF		UNDERLYING OR		MONTH DAY YEAR	TO THE OCCURRED	, terrent of the of the or the territory and the	ORTANIZ)
S	SHOUND TO	MEDICAL	214 INJURY OCCUPPED	DEATH P.M.		OCATION		
2	HIS CER WRITIN VARDED AGE 3 S AGE 3 S ATE DEP	ME	WHILE NOT WHILE AT WORK		TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	E, WRII RWARD RWARD PAGE: PAGE: STATE (		AT WORK AT WORK					
	SE S		22a. I certify that I taak char	ge af the remains dea	Cribed abave, held an Aut	apsy . Inspection	. Inquiry . and in a	my opinion
	EXAMINER: CERTIFICATE DUID BE FOR TOWNER THE SA AWITH THE SA MARYLAND,		death resulted fram: Nati	ural causes .	Accident , Suicide	, Hamicide .	Undetermined manner .	
	WAR WAR	116	\	(011	· Vine	TITLE (SPECIFY)		0 11 06
	AHOHEM -	4	ACTUAL SIGNATURE	ances	o pegs	M.D. Depuli		ATE 8-11-85
	DEA SI	1	EXAMINER'S NAME	and with a	Para	000	- 4 > A 1	1 1 4
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE A SHOULD BE FOR TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN		(TYPE OR PRINT)	ancisco	Keyes	ADDRESS 900	zeron Dr. Cumb.	exland Mr. 2150
	5XX5A8	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84	BP		Burial	8/11/85	Davis Mem	Cemeterv	Cumberland A	Allegany Md.
25M	DHMH - 17	24 F	NERAL DIRECTOR Cumb	perland.		250. DATE R	C'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
	(VR A15 ME (5))	t.o.	curo-Stoin I			AU	614 1985 June	urdson-Aandree



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Scarpelli Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR Cumberla	nd. MD 21502	CERTIFICATE	OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST (TYPE OR PRINT)  Eugen	WIDDLE	Brant		August 3,	1985	YEAR	2b HOUR 1:30a
3. SEX male	White	5. DATE OF BIRTH	-1900 YEAR	6. AGE (IN YEARS LAST BIF		UNDER I YEAR	IF UNDER 24 HRS
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT COUP	MARRIED NE	EVER MARRIED .	P BALTIMORE CITY O	OR COUNTY OF		
Cumberland	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING LIFE)	DRKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	INTY 13c CITY OF	EBEFORE ADMISSION) R TOWN 13d. INS		ret. glass b 130 STREET ADDRESS 634 Shri	/ ZIP CODE	glass enue/2	
	wson Brant	ST		Leidinger		LAS	iī
16a WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (1F YES G	SIVE WAR OR DATES)		Gladys M	. Brant, Cu		nd, ME	) - wife
	DUE TO, OR AS A CON						0
CONSCINE 196 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS F		20a AUTOPSY?	206 IF YES, V	VERE FINDING CAUSES	NGS USED 5 OF DEATH?
OR CONTRIBUTING CAUSE OF DE	ER) P.M.	H DAY YEAR		ED (ENTER NATURE OF INJU			
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C		CATION STREET	CITY OR TO	)WN	COUNTY	STATE
22a.1 certify that (1) (this hasp saw the deceased alive a	4			death accurred of the d	late and hour o		that (1) (we) las couses stated
Taul J.	Livengood	2 mD DEGREE		MEDICAL STA DIRECTOR PHYSIC		22c. DATE	SIGNED -
Paul Liven			G, 912 Set	ton Drive,	Cumberl	and M	D 21502

BP

MPORTANT: IF IN should be detact

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

08-05-1985

23( NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 23d. LOCATION
CITY OR TOWN
CUMberland

Allegany

MD

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

222023

STOR VILLENIA FOR

.O.M Lhooperth Lief

Diffic to the lession

Allesiy Ouncella

Ferred Janet Bornital

BYC. 912 Septer Drive, Carberdand MD 21502

Mary Control of the Control

# director, page 3 hour after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificote be TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the buriol-fransit permit. Then please remove carbon parawith the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal MAPORTANT. If them 21 is marked or them 48 shows any injury, or other traumatic event

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicia

STATE OF MARYLAND FOR = STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYSTENE

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tion 8	Care	-	
			1

L	REGISTRAR					REG. N	10.		1
1	I. DECEASED NAME FIRST (TYPE OR PRINT)	M	IDDLE	t.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	ALVI	E	DWARD	BR	OADWATER	August	27, 19	985	4:06Am
3		1 RACE		S. DATE O		& AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
X	Male	Whi	.te	Jan.	7/ 7070	66	YRS.		min.
7	70 BIRTHPLACE   STATE OF FOREIGN COUNTRY)	Th CITIZEN OF W	VHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1	Maryland	USA		WIDOWE		Allegany			MD.
1	Cumberland	(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET A HOSPITA	DDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Timberman		12b. KIND C INDUSTRY Lumb	of Business or
f	USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION O	SIVE RESIDENCE BEFORE	ADMISSION)			. 710 000		
	Maryland   Alle	gany	Frostbur		13d INSIDE CITY LIMITS?	203 Upper	Conso	1 Rd.	21532
	14. FATHER'S NAME				IS MOTHER'S MAIDEN NA	ME			
4	James Albe	ert Br	oadwater		Martha	WIDDIE	1.0.0	Platter	JT
1	160 WAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	ES\$203	Upper C	Consol Rd
I	NO (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	220-28-9	260	Margaret G.	Broadwater	Fros	tburg.	MD 21532
F	18 CAUSE OF DEATH (Enter only	y one couse per l	ine for (0) one	ligit),	1 6				MATE INTERVAL ONSET AND DEATH
1	PART I. DE ATH WAS CAUSED	BY: CAUSE (o)	Caro	diac	ANST				
ı			AS A COMBEQUE	NPÉ OF	.1 //				
ı	Conditions, if ony, which	( (b)		Cont	Hypothsion				
١	gove rise to immediate couse (a), stating the	DUE TO, OR	AS/A CONSEQUE	NCE OF					1 14-3
I	underlying cause lost	(c) B/	o ball Seps	(15)	9-V.			-	
	PART 2 OTHER SIGNIFICANT CO	al for	LA Ubb	L GI	NOT RELATED TO THE TERM	wated when	NDITION GIV	EN IN PART 1	0
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b IF YES	WERE FINDING CAUSES	OF DEATH?
,	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		21¢ HOW INJURY OCCUR				NO 🗌
		"	MONTH DA						
I	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M 21e PLACE C		19	21f. LOCATION				
١	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, FA	IRM ETC )	STREET	CITY OR T	NWC	COUNTY	STATE
ı	22a.1 certify that (I) (this hospite	ol) ottended the	deceased from		19	10	-	10	that (I) (we) lost
1	sow the deceosed alive on above, (1) (we) (did) (did not				d that in (my) (our) opinion o	death occurred on the o	late ond hou		
1	27h SIGNATHEE	view the body o	orter death.		DEGREE			22c DATE	SIGNED
	White				ATTENDING PHYSICIAN	MEDICAL STA		8/9	2/8
1	THE PHYSICIANISME CHE OF	MRHS)				ial Hospita		ical Bu	fiding
ı	Dr. N. Ranjitha	an				rland, MD			
2	230 BURIAL CREMATION REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION			
	Burial	8-29-85	St	. Ann	's Cemetery	Avilton,	Garre	tt, MD	STATE
2	24 FUNERAL DISECTOR					E REC'D. BY REGISTRAF	25b. REGIST	RAR'S SIGNAT	URE
	D. Derna 1 Peu	mau	Gran	tsvil	le, MD	A 400m. /	K.	1 %	2.00

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

		EASED NAME	FIRST		SVILLE, ME	l.	AST	REG. NO	MONTH DAY	YEAR	2b. HOUR
	TYPE	OR PRINT]	MARY	7	THELMA	BR	OADWATER	AUGUST 4.	1985		10:35A
-	3 SEX	(	4	RACE		5 DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF U	INDER I YEAR	HOURS MIN.
1		Female		White		3	- 06- 1909	76	YRS.	DEAVU	
Ľ	Li	RTHPLACE (STATE O		USA		MARRIE		9 BALTIMORE CITY OF	COUNTY	DEATH	M
7	1	ty or town of de mberland	ATH	(IF NOT IN SUC	HOSPITAL, NURS II H FACILITY, GIVE STREET LED HEART	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemake)	F WORKING LIFE)	126 KIND OF INDUSTRY Own ho	BUSINESS OF
35	Usu. M	AL RESIDENCE IF NUI TATE Tryland	IS COUNT	Υ	GIVE RESIDENCE BEFOR 134. CITY OR TOV Lonaconi	VN	13d INSIDE CITY LIMITS? YES NO 🔀	Route 1, Bo	ZIP CODE	; 2153	
10		THÉR'S NAME FIRST John	0	len	uast Wilh		15. MOTHER'S MAIDEN NA FIRST Ada	Eliza	abeth		arlitz XXXXX
2		PAS DECEASED EVE ES. NO OR UNKNOWN)		ED FORCES?  WAR OR DATES)	217669		Henry Broadw		es 1, Bo coning,		21539
or other traus		Canditians, if an gave rise to in cause (a), statunderlying cause	nmediate ing the se last.	(c)	R AS A CONSEOU		NOT BELATED TO THE TEN	The Division on Contract		IN DADY 1	
10%	TION						NOT RELATED TO THE TERM				
1		90 DATE OF OPER.	ATION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	IG CAUSES (	
9	THE						Contract of	YES NO	YES [		NO 🗌
them 18 shows any inte	DICAL CERTIFICA	210. ACCIDENT WAS UPON CONTRIBUTING (IF EITHER NOTIFY MEI	NDERLYING CAUSE OF DEATH	Ρ.	M, MONTH D M.	AY YEAR 19	21c. HOW INJURY OCCUR	YES NO	YES [		NO []
orked or them 18 shows any into	MEDICAL CERTIFICA	21a. ACCIDENT WAS UPON CONTRIBUTING THE STHER NOTIFY MEI 21d. INJURY OCCU	NDERLYING CAUSE OF DEATH DICAL EXAMINERI RRED VHILE VHILE	HOUR A.	M, MONTH D M.	19	21c. HOW INJURY OCCUR  21i. LOCATION STREET	YES NO	YES [		NO STATE
n 21 a monked or them 18 shows any into	CAL	21g. ACCIDENT WAS U. OR CONTRIBUTING (IF EITHER NOTIFY MEI 21d. INJURY OCCU 22e.1 certify that saw the deced	CAUSE OF DEATH DICAL EXAMINER!  RRED  VHILE ORK  (this haspita	HOUR A. P. 21e PLACE (AT HOME STR	M. MONTH D M. OF INJURY HEET FACTORY, OFFICE  e deceased from	FARM, ETC.)	211. LOCATION STREET  , 19 35 and that in (my) (aur) apinion	YES NO RED (ENTER NATURE OF INJUR	YES [ RY IN ITEM 18 PART  WN	COUNTY  COUNTY  Indificial the country	STATE  act H- (we) las auses stated
NT, if them 21 is monified or them 18 shows any into	CAL	21g. ACCIDENT WAS U. OR CONTRIBUTING (IF EITHER NOTIFY ME) 21d. INJURY OCCU WHILE 22e.I certify that saw the decade above, (I) (we) 22b. SIGNATURE  WALL	NDERLYING   CAUSE OF DEATH DICAL EXAMINER! RRED   WHILE   CORK   Within haspita seed alive an (did) (did nat)	HOUR A. P. 21e PLACE (AT HOME STR  (1) attended th  Yiew The bbdy	M. MONTH D M. OF INJURY HEET FACTORY, OFFICE  e deceased from	FARM, ETC.)	211. LOCATION STREET  19 35  nd that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF INJUR	YES CRY IN ITEM 18 PART  WN  19 ate and haur or	OUNTY	STATE  act H- (we) las auses stated
APORTANT. If hem 21 is monked on them, till shows any into	MEDICAL	216. ACCIDENT WAS U. OR CONTRIBUTING C. (IF EITHER NOTIFY ME) 21d. INJURY OCCU  22d. Certify that Saw the deced above, (1) (we) 22b. SIGNATURE  22d. PHYSICIAN'S N	NDERLYING [] CAUSE OF DEATH DICAL EXAMINER! RRED VHILE [] ORK (this haspita seed alive an (did) (did nat)  AAME (TYPE OR IS  S. HIL	HOUR A. P. 21e PLACE (AT HOME STE	M. MONTH D M.  OF INJURY JEET FACTORY, OFFICE  e deceased from after death.	FARM, ETC)	211. LOCATION STREET  19 35  nd that in (my) (aur) apinian  DEGREE  ATTENDING	YES NO RED (ENTER NATURE OF INJUR  CITY OR TOV  death accurred an the da  MEDICAL STAF  DIRECTOR PHYSIC	YES CRY IN ITEM 18, PART  WN  . 19  ate and hour an	county  COUNTY  22c. DATE S  2/4	STATE (we) los auses stated IGNED

Meuman Crantsville, MD

DHMH - 16 60M 7 84 (VRA 15, 4) NEWSON PLANTAL INVESTIGATION OF THE PARTY NAMED AND THE PARTY NAMED ASSESSMENT OF THE PARTY NAME SO TEN SET COANTSUILLE, IV.

MALLY S. PIJPE, ".D.

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YEAR WAYNE LIA



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

da i	line	0	0	
REG. NO.	-73.	-1	9	

REGISTRAR				CERTIF	ICAIE OF	DEATH	REG. NO	O		3
PECEASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH 'DA	YEAR	26 HOUR
	Robert		Н	But	ier		8/03/85		100	2:10a <sub>M</sub>
EX	4.	RACE		5. DATE C		WE AD	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
male		whit	te	9/	02	111	73	YRS		
FIRTHPLACE (STATE	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED X	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
Maryland			JSA	WIDOWE		NORCED	Allegan	y Co		MD.
CITY OR TOWN OF	DEATH 1		HOSPITAL, NURSIN		OR OTHER INS	STITUTION	120 USUAL OCCUPATI		12b. KIND C	F BUSINESS OR
Frostbur	a. Md		ourg Comm		Hospi	tal	Coal Miner	WORKING (IFE)		Coal
UAL RESIDENCE (#	NURSING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE		13e.STREET ADDRESS	7IR CODE		
Md	KAXXES	Garret	Frostbu		YES T	NO X	Rt 2 Box 5		21532	
FATHER'S NAME			11100000		15 MOTHER	S MAIDEN NA	ME			
Melv	in	Å.	But1	er		Arminta	a C.		D	urst
WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORM			SS Route		ox 592
(YES. NOOR UNKNOWN	() (IF YES, GIVE	WAR OR DATES)	215 05	7182	Mrs.	Florence		Frosi	thurg.	MD 2153
										IMATE INTERVAL ONSET AND DEATH
PART I. DEAT	H WAS CAUSED	BY	CARDI.		ES 011	TA TARY	ARREST		BETWEEN	ONSET AND DEATH
	IMMEDIATE	CAUSE 10)	641/21	- 1	OPPII	CATON	700000			
		DUE TO, O	R AS A CONSEQUE	NCE OF	ONIA					
Conditions, if		(b)	PNE	70(7.0	21014	+			1	
couse (o), s		DUE TO, O	R AS A CONSEQUE	ENCE OF						
		(c)				D 70 7115 750	DISELECT OR CO.			21-5
	DOLT	-					INAL DISEASE OR CON			- /
190 DATE OF OF	EPATION .		ITION FOR WHICH				DISESAG,	120h IF YES	WERE FINDI	NGS LISED DE
140 DATE OF OF	EKATION	170 COND	ITION TOR WITHEIT	OFERATIO	A AND LEKE	OKMED				OF DEATH?
21a, ACCIDENT WA		21b. TIME O	F INTUIDY		121- HOW I	NUMBY OCCUPS	YES NO	YES		NO 🗆
	CAUSE OF DEATH	LICILD A	M. MONTH D	AY YEAR	ZIC. HOW I	NJOKI OCCURI	CED (ENTER NATURE OF INJU	CY IN HEM IB PAR	CI I ORPARI 2)	
(IF EITHER NOTIFY	MEDICAL EXAMINER)		M.	19		101				
(IF EITHER NOTIFY		21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM ETC )	211 LOCAT		CITY OR TO	wN	COUNTY	STATE
	T WORK									
	ot (1) (this hospita			AUG	1		10 Aug.	3		that (1) (we) lost
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226 SIGNATURE	00	0		1	DEGREE		6		22c DATE	SIGNED
100	5.0	liang	/	14	C.	PHYSICIAN [	DIRECTOR PHYSIC			
22d. PHYSICIAN	S NAME   TYPE OR	PHPITS (			22e ADDRE	SS				
Dr.	S. Chanc	1			HECKS	Plaza,	Frostburg,	Md215	32	
BURIAL, CREMATI	ON, REMOVAL	236 DATE			EMETERY OF	CREMATORY	23d LOCATION			
(SPECIFY) Bur:	ial	8-6-8	35 K	Gran	tsville	e Cem.	Grants	ville,	Garre	tt, MD

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT. If them 21 is marked or them 18 shows any injury, or other troumofic event, the

ATTENDING PHYSICIAN: The la

TO HOSPITAL

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retained by the haspital or attending physician.

(VRA 15, 4)

Grantsville, MD

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julie Taviden-Rondall

2	46050	11-:	OR STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 1 2 5  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.											
	교육작품다		CR PRINT)		rriet	C.		Cast	eel		(	ATE KNOWN OF ESTI- ATH MATED	8	1°9°	85 19	26. HOUR 820p m	
7	PAR PLEAS DIRECTION DUR FILES DAN STREET		ale	4. RACE White	July 2	9 1919	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS		HOURS /	MIN. PRON	DATE NOUNCED DEAD	MONTH 8	19	85 19	2d. HOUR 820pm M	
5	VECESSARY, P UNERAL DIREC I FOR YOUR WITHIN 72 H I PRESTON ST	FOR	THPLACE EGN COUNTR Maryl	and	U.S.A			WIDOWE	D O	VER MARRIEL DIVORCEL		Allega	nvva			MD.	
	PAGE PAGE PAGE S PAGE S PAGE		Cumbe	rland	(IF NOT IN SI Memori	11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Memorial Hospital			r institut	TION		OF WORKING LIFE)	TYPE OF WORK	OR INDUSTRY  Education			
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	SHOULD ORD "PE CHIEF A CHIEF A TOF HEA	CERTIFICATION	8-1	8-85	1	Laceration of diaphragm  21b. TIME OF INJURY  121c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1)							20 AUTOPSY?  YES X NO				
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•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXCENTE THE CRETIFICATE, WRITING THE WORD." WAS A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTHWORE, MARYLAND, 2120 PRIOR TO BURIAL		220 I ce deoth res ACTUAL SIGNATUR	ertify that I took ch ulted from: N	norge of the remainder to tural courses	Accident	IX, Suid	Autapsy ide ,	Homico TITLE (SF Depu	PECIFY)	Undetermin	EXAMINER	and in my o	ED_ 8	-20-		
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STATE OF MARYLAND

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DEPARTMENT

STATE OF MARYLAND	()	1	1
OF HEALTH AND MENTAL HYGIENE	bin	ě.	600
RTIFICATE OF DEATH	REG. NO.		

	1 -	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	).				
		CEASED NAME OR PRINT)	John F			Chic	sk		2a. DATE OF 8	7/85	AONTH	DAY YEAR	7:10a		
	3. SE)	male		4 RACE	hite	5. DATE C MONTH 08		30 YEAR	6 AGE (IN YEA	4	YRS	IF UNDER I YEAR	IF UNDER 24 HRS		
	(	RTHPLACE (STATE OR COUNTRY) OKlahoma	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE:		R MARRIED DIVORCED	A LIGHTIV LO						
1	,	Frostburg	, Md	Frostb	HOSPITAL, NURSING H FACILITY, GIVE STREET A DURG COMMU	unity			12a USUAL OF		WORKING L	IFE) 126. KIND O INDUSTRY Chu	126. KIND OF BUSINESS OR INDUSTRY Church		
5	13a. S	AL RESIDENCE (IF NURS STATE Md	13b. COU		GIVE RESIDENCE BEFORE 136. CITY OR TOWI Barton		YES 🗌	CITY LIMITS?		Box 1	ZIP COD	21521			
0		Theron		MIDDLE	Chick			r's maiden nai	ME	WIDDLE		ith LAS	т		
-		VAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI		Alic	la W. C	hick,	Same					
Ì		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one couse per D BY. TE CAUSE (o)	line for 101 (b), one	TO Pu	lucres	y am	at			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH		
	NO	Conditions, if ony gove rise to imm couse (o), statis underlying couse	mediate ng the lost.	(c)	R AS A CONSEQUE	NCE OF	NOT RELATI	Teg	De Bee	OR COND	ITION GI	VEN IN PART 10	0		
Z	CERTIFICATION	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOP	NO X	IN CERTI	ES, WERE FINDIN IFYING CAUSES ES			
,		21a, ACCIDENT WAS UNI OR CONTRIBUTING [ ] (IF EITHER, NOTIFY MEDI	CAUSE OF DE	210	M. MONTH DA	Y YEAR	21c HOW	INJURY OCCUR	RED (ENTERNATE	RE OF INJURY	IN ITEM 18	PART 1 OR PART 2)			
	MEDICAL	21d INJURY OCCUR  WHILE NOT WE AT WORK	HILE	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC )	21f LOCA			CITY OR TOW	VN	COUNTY	STATE		
		22a.1 certify that (1) sow the deceas above. (1) (we) (	ed olive or		19		nd that in (m	y) (our) opinion	, to death occurred	on the do	te ond ho		that (I) (we) lost couses stated		
		22b. SIGNATURE	es H	Te	S.		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		220 DATE	SIGNED 17/85		
		Dr. J.		OR PRINT)				Tarn Te	rrace,	Frost	tburç	, Md			
		BURIAL, CREMATION, (SPECIFY) Buri			23c N 1985 La		Hill		Bar	ton		legany	*		
	24 FU	UNERAL DIRECTOR NAME Durst	Fune	ral Home	Frostb	urg,	Md.	AIG 2	E REC'D. BY RE	GISTRAR 2	156 REGIS	TRAR'S SIGNAT	URE		

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After should be detached for use as the with the State Dept. of Health or IMPORTANT: If them 21 is market

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72 hours	(	Female RTHPLACE (STATE OR FOREK COUNTRY)		CITIZEN OF	ite what COUNTRY?	MARRIE WIDOWE	NEVER	1898  MARRIED   IVORCED		RECITY OR CO				
by the tuniled within	10 CI	ennsylvani TYORTOWN OF DEATH umberland	11.	NAME OF	S.A. HOSPITAL, NURSIN H FACILITY, GIVE STREET RED HEART	ADDRESS)	R OTHER INS		120. USUAL	OCCUPATION K FOR MOST OF WO		126 KIND O	126 KIND OF BUSINESS OR	
	130 S Ma	ryland A	COUNTY		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Cumber	'N	13d INSIDE C	NO 🖟	Rt.5	ADDRESS / ZIF			502	
2		THER'S NAME FIRST Peter			Donah			S MAIDENNA FIRST Mary	ME	MIDDLE V.		Fish	er	
s. Page		VAS DECEASED EVER IN L ES, NO OR UNKNOWN) (IF Yes		AR OR DATES)	216-22-		Angel	а Hast	, dauc				and, MD	
g pnysici on paper emoval event, th		18 CAUSE OF DEATH (E. PART I. DEATH WAS C	nter only of CAUSED B MEDIATE C	AUSE (o)	ARDIO	RESPI	RATOR	Y ARI	REST			BETWEEN C	MINUTE INTERVAL MINISTRATOR	
d by the attendin lease remove carb ial, cremation, ar- or ather traumatic		Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse lo	nich (	DUE TO, C	RAS A CONSEQUE	WII	Right	terstit Hilan Isense	mano,	ibrosis metas- lindnes	-at	sc.		
Then protection to bour injury,	NOI	PART 2. OTHER SIGNIFIC	CANT CON	NOITIONS C		DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR CONDITIO	ON GI	VEN IN PART TIE		
t permit iene prio	CERTIFICATION	190 DATE OF OPERATION	A	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTO		CERTI	S, WERE FINDIN IFYING CAUSES ES		
buriol transit pe Mental Hygiene or Item 18 shows		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL E)	E OF DEATH		M. MONTH D	AY YEAR	21¢ HOW IN	N A	RED (ENTER NA	TURE OF INJURY IN	ITEM 18	PART : OR PART 2}		
h and Me	MEDICAL	21d INJURY OCCURRED  WHILE DOT WHILE AT WORK	AMO	21e PLACE 1 AT HOME ST	OF INJURY REET, FACTORY, OFFICE	ARM, ETC )	211 LOCATE STREET		JA-	CITY OR TOWN		COUNTY	STATE	
CTOR: A I for use of Healt		220 I certify that (I) (this saw the deceased a above, (I) (we) (did) (	live on A	131-	1 27 19	85.0	nd that in (my)	(our) opinion	, to death accurre	d on the date of	nd ho	ur and from the	that (I) (we) last couses stated	
detached detached hate Dept		22b. SIGNATURE	MOR	STAN		(		PHYSICIAN ()	MEDICAL DIRECTOR	STAFF		27 DATE	SIGNED -	
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LEASURE-STEIN FUNERAL HOME STATE OF MARYLAND

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STATE OF MARYLAND

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11	MA	LE	WHITE	8/7/9		90 YRS.				DEAD		19	p,
24			MARYLAN			NTRY?	MARRIED	NEVER MAR	RIED   9.	ALTIMORE CITY	OR COUN	ITY OF DEATH	
14		MBERT		U.S.A			IDOWED [	☐ DIVOR		ALLEGA			M
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	-	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERMINA	DISEASE OR CO	DNDITIDN GIYEN IN I	PART I (a		117		
4	CERTIFICATION	14 8 175 05	0.050 . 710 . 1	120									
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ı		AT WORK	NOT WHILE	7									
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1		death resulte	ed fram: Natur	ral causes XX	Accident	, Suicid	e 🔲 ,	Hamicide .		ned manner			
			0.		100	+	A	ITLE (SPECIFY)	Riches.				
4		ACTUAL SIGNATURE	1.0Ve	- N	nay	hay,	V	Deouty	MEDICA	L EXAMINER	DATE	8-2-	85
1			1		45	V						EU	
1		EXAMINER'S (TYPE OR PRIN	NAME GIOV	anni Mas	strar	ngelo, M	.D ADDR	RESS 900	Seton	Drive.	Cumb	berland	.Md
2	30. BL	RIAL, CREMA	ION, REMOVAL 2			NAME OF CEME			23d LOCA		COU		
1		UR TAT		8/4/85	G	REENMO	INT C	EM	-	BERLANI		LEGANY	MD STATE
1	14. 54	11/2/19	STYN, AC	wes 4060			r.	25000	DRECTO BY RE	EVRAR ISBAE	TRAR'S	SIGNATURE	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2

TENDING PHYSICIAN: The

# STATE OF MARYLAND

	1-	STATE REGISTRAR			DEFA	CERTIF	ICATE OF DEATH	REG. I	NO.		9
		CEASED NAME	FIRST	1	MIDDLE	1.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE		10DESS	A	MAE	EICH	HELBERGER	August	4, 1	1985	4:30 M
	3. SEX	Femal	е	White		S. DATE C		AGE (IN YEARS LAST B		MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
6	7a. BIF	Mary land	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI WIDOWE	DEVER MARRIED DEVORCED	9 BALTIMORE CITY Allegany	OR COUNT		MD.
1	Cu	mberland		Memori	al Hos	pital &	ROTHER INSTITUTION  Medical Cente	17a USUAL OCCUPA (TYPE OF WORK FOR MOST POUSEW			OF BUSINESS OR
2	13a. S <b>M</b> a	aryland	13h COUP Alle	1TY	131. CITY OR 1 Cumber	IOWN	13d INSIDE CITY LIMITS? YES <b>X</b> NO []	Box 1722,			Md. 150
1		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LA	ST
	_	leigh	S		Bende		Bessie	Lee		Gro	ve
9		VAS DECEASED EV (ES. NO OR UNKNOWN) O		MED FORCES?		6-1762	Donna A. De		RESS	Best	(0)
	TION	Conditions, if o gove rise to couse (o), sto underlying con PART 2 OTHER SI	mmediate ofing the use lost. GNIFICANT	(c)CONDITIONS <u>CC</u>		TO DEATH BUT					
1	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WE	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	YES, WERE FINDI TIFYING CAUSES YES []	
7	MEDICAL CE	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY M 21d INJURY OCC	CAUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR	216 HOW INJURY OCCURE				
	ME	WHILE NOT	WHILE WORK	(AT HOME, STE	REET, FACTORY, OF	FICE FARM, ETC )	STREET	CITY OR	OWN	COUNTY	STATE
		22a.1 certify that sow the dece	ased olive on				nd that in (my) (our) opinion o	deoth occurred on the	dote and h		that (I) (we) lost couses stated
		22b. SIGNATURE	Mer	of) view the body	after death		DEGREE  ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	22c. DATE	SIGNED
		Dr. H.	,					and, MD 215	Medic 02	al Buil	ding
	23a. B	SURIAL, CREMATIO	N, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial		Aug. 7	,1985	Mt. Vi		Sharpsbu	rg, W	ashingto	on, Md.

Major M. Osborne P.O. Box# 348Williamsport, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After should be detached for use os with the State Dept of Health. etoined by the hospitol TO HOSPITAL

(VRA 15, 4)

PLANTE NO.

500F . 5 E. 1200

255 5. 1.18 25., 21532

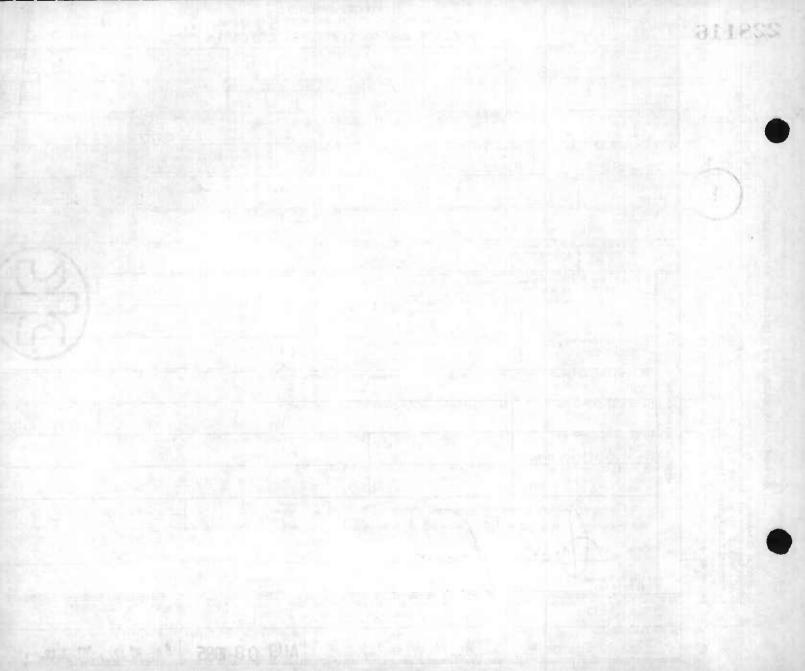
CHRESTEAN, ALLEGAM, MD.

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AUG. 25, 1985 St. HERS CENTRAL

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OR SE	EET,							ine E	lisenh					DEATH	MATED	<b>x</b> 8	4	1985	0500 <sub>x</sub>
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W H	31	14. F/	THER'S NAME			MIDDLE	.=		LAST		15. MOTH	ER'S MAID	ENNAME	MI	DOLE			LAST	- 9
DRE,	111				Will		James			T. PELL	-	Min	nie V	irair	nia_	(nmn	)		
TIMOR TER DE F PAGE FORM	N /		AS DECEASES, NO. OR UNKNO		N U.S. ARME				OCIAL SECUI		17. INFOR	MANT			ADDRES	S			
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EXAMIN CERTIFIC JIO BE F	YAT I		death resulte	ed frage	Natural	COUNT	x /	Accident	)[]	Suicide _	, Hamie	cide .	Undeter	rmined mar	nner 🗌				
A SHE SHE	WAR		ACTUAL	1	to (	1	6	1	/		TITLE (S	SPECIFY)							
¥ H H H H	E -		SIGNATURE_	1	COOX	0	12	un	N	^	.D. Ast.	. Dpty	MEDIC	CAL EXAMI	NER	DAT	E NED	8-4-	85
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2025	- ≪ ∞	230.Bl	PECIFY)						NAME OF				23d. LOC	PTOWN			UNIY	5	TATE
07/84 BP		24 5	NERAL DIREC	rial	JUE	5-U/	-1985	) 5	Sunset	Memoi				mberl			egan		)
DHMH			ames F		onnoll	1 4	ADDRESS	ml	d MD	01500		A LIC	REC'D. BY F	REGISTRAR	736 REC	ISTRAR'S	SIGNA	TURE	
(VR A15 A	ME (5))	-	dilles F	. 50	arheil	ш,	cumbe	i. Tan	a, MD	21502		AUG	08	985	delin	Daine	1001-	fanois	6 1



Prol director, page 3 72 hours after death

212

- STATE REGISTRAR 1. DECEASED NAME TYPE OR PRINT

Male

Maryland I CITY OR TOWN OF DEATH

Md. 4. FATHER'S NAME

No

CERTIFICATION

MEDICAL

William

Cumberland

TO BIRTHPLACE I STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 1136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if any, which

gave rise to immediate couse (a), stating the

underlying cause last.

190 DATE OF OPERATION

18 CAUSE OF DEATH Enter only one couse PART I. DEATH WAS CAUSED BY

3 SEX

WILLIAM

	death.	funerol	of hin 72
1.701	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death contracts that the death contracts that the death.	sined by the maspinar of cuterioning physician. TO BINEPAI NRECTOR: After this certificate has been staned by the ottending. The committee of filled in by the funeral	should be detached for use as the burial-transit permit. Then please remave cathoring and a great 2 should be filed within 72 I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
LANDZ	hin 24 h	olv filled	shauld b
E, MAK	page page	ramalere	200
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( ST., BA	1	-	removal
RESTOR	e deoth	offendi	mave car
201 W. F	s that th	ed by th	please re
COKDS,	v require	seen sign	riar tabu
II AL RE	The lo	ofe has t	should be detached for use as the burial-transit permit. Then please remaye carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	IYSICIAN	Junea by the naspinal of culturally physician. Sellingbal DIRECTOR: After this certificate ha	Durial-tra
DIVISIO	HA DNIO	After th	ath and
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MPORTANT: If Hem 21 is

FIRST		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TILTAM  4. RA  W OREIGN 7b. CI  TH 11. I (  IN U.S. ARMED  IF YES, GIVE WAR  H. Enter only one AS CAUSED BY.  IMMEDIATE CA  which heddiate	M M	I FARRAI	Y	AUGUST 21, 19	85 00:45A <sub>M</sub>
	4. RACE	5. DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	White	4	13 07	78 YRS	s
OREIGN			ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	U.S			ALLEGANY COU	
TH	(IF NOT IN SU	HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)  ED HEART HOSP		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Supervisor	12b. KIND OF BUSINESS OR INDUSTRY Fabric
13b. COL	YTAL	i, give residence before admission 13t. CITY OR TOWN Frostburg	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DDE ng St. 21532
	9-11-2		15. MOTHER'S MAIDEN NA		
	T.	Farrady	Lily	WIDDLE	Meyers
	RMED FORCES? SIVE WAR OR DATES)	214-07-3055	Ms. Sally H		ll Moly Dr. urch, Va.
AS CAUS	SED BY.	rline for (a), (b), and (c) Metastatic		a of the pro	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, O	R AS A CONSEQUENCE OF		0	
	(b)_				
g the	DUE TO, O	R AS A CONSEQUENCE OF			

PART	OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE C	R CONDITION GIVEN IN PART

			AE2   NO	AE2	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	2 h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEA	A 18 PART   OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220.1 certify that (I) (this haspital)		nd that in (my) (nus) source de-	, ta		that (II (we) lost

causes stated above, (I) (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

27d. PHYSICIAN'S NAME (TYPE OR PRINT) DR. SUSAN SCHWARTZ, M.D. 22e ADDRESS

PHYSICIAN

FROSTBURG PLAZA, FROSTBURG, MD. 21532

DIRECTOR PHYSICIAN

230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY (SPECIFY) 8/21/85 Removal

24 FUNERAL DIRECTOR NAME Anatomy Board

Balto., Md.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Tevidon Randell

IN CERTIFYING CAUSES OF DEATH?

NO F

STATE

ACT TO CONTROL THE PART OF TAXABLE OF TAXABL

TISE OF TOWNSHIP

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24	1011		FOR STATE					ERTIFICATE O		4	4 0	7	
, , ,			REGISTRAR CEASED NAME	FIRST	MED	MIDDLE	TEK 3 C	LAST		REG. NO		DAY YEAR	Zb. HOUR
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	SASSES.	3. SEX	14 R	ACE	5. DATE OF BIRTH		EARS IF UN	OCER DER 1 YR. TIF UNDER :			MONTH	16 19 85	2d HOUR
	E SE				MONTH DAY	1 O C G 1 O	MONTH			UNCED		05	1:02
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	54836		umberland		Memorial	Hospital	(DOA)		STUDE	VORKING LIFE)		COLLE	
10	SEAS !		AL RESIDENCE (IF IN	1136 COUNT	R OTHER INSTITUTION, GIVE	13c CITY OR TOWN		13d INSERTED CITY LIMITS?			9	999	9
212	A PANEL AND THE		IRGINIA	Loud	OUN_	LEESBURG	G	YES NO	316 N	ANSMON	D ST.	S.E.	
WD.	H. 3.2, 2.5.		THER'S NAME		MUDDLE	LAST		15. MOTHER'S MAIDE	NAME	WIDDLE		LAST	
ORE, MD	SES AND		JEFFREY			FOCER		FLORA			Kı	INSER	
TIMO	# 10 W /2	16a V	VAS DECEASED EV		MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		FLORA L.	-	3 TO REGIO	ANSMO	IZ-GNC	S.F
A.	A STEER		ES NO OR UNKNOWN)			224-27-0	J493	FLORA L.	FOCER	LEESB	URGIV	/A.220	75
1	No. IN THE SECOND	7	18 CAUSE OF DE	ATH (Enter onl	y one couse per line fo	or (a), (b), and (c).)	3.0		- (1)		1	APPROXIMATE BETWEEN ONSET	
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	PAN		gave rise t	o immediate	(b)								
5	Z CAN		couse (a) stat		DUE TO, OR A	S A CONSEQUENCE	OF					177	
10	25250		BARY 2 OTHER CICALET	ANT CONDITIONS	(c)								
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150	SH D THE	MEDICAL	21d. INJURY OCC		21e PLACE OF	INJURY (AT HOME.	211. LO	CATION	) tracto	I CIAIL	er co	11.131011	
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	H NA A STA						Autops				Alle	egany C	
	A SOFT		death resulted fr		e of the remains descr	R.F.		y [X], Inspection			d in my opin	ion -	
-	NA SECOND	-	death resulted in	A Notor	or couses	ccident (A), St	vicide	TITLE (SPECIFY)	Undetermined	manner,			
•	2000 H		ACTUAL SIGNATURE	MAN	200		44	Assistant	MEDICALEN		DATE	8-17-8	35
	SET SEE SE	1	/	1				0.	MEDICAL EX.	AMINER	SIGNED.		
	SE S		(TYPE OR PRINT)	Ann M	1. Dixon, I	M.D.		ADDRESS 111 P	enn St.,	Balto.	, MD	21201	
	534544	23a B	URIAL, CREMATION			23c. NAME OF CE	METERY O	RCREMATORY	23d. LOCATION	٧	COUNTY	,	176
1 Good	9BP/9		Buri	AL	8/20/85	UNIONCI	EMETE	RY	LEESI	BURG I	OUDC		Å <sup>r∈</sup> .
/ 7254	DHMH - 17	24. F	UNERAL DIRECTOR	2-40		EESBURG.			EC'D. BY REGIST	RAR 256 REGIS	TRAR'S SO	MALLER	÷ 3
	(VR A15 ME (5))	100	DLONIAL	FUNER	AL HOME	OF LEESBI	URG	AUG &	3 1935	- July was	MON	1	2

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE CERTIFICATE OF DEATH

- STATE REGISTRAR 2a DATE OF DEATH 2b HOUR DECEASED NAME TYPE OR PRINTS 2:45 PETER August 7, 1985 FRANKLIN 5. DATE OF BIRTH 3. SEX 4. RACE June 29 1911 74 Male White 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED West Virginia Allegany 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Cumberland CelaneseCorp. Keyser Mineral Rt L Box 233 26726 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cabacio Franklin Maria Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes UNKNOWN Doris G. Franklin Rt 4 Keyser, W. Va. 236-03-8165 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 280 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 21L LOCATION (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on\_ nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED 226. SIGNATI DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Memorial Hospital Medical Bldg. Cumberland, MD 21502 Dr. Augusto Figueroa 230. BURIAL, CREMATION, REMOVAL

(VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY Potomac Mem.

Gardens Keyser

Mineral

24 FUNERAL DIRECTOR

(SPECIFY) Burial

FOR

"Allen Rotruck Keyser. W. VA.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ifer to entre edition edition.

W. Ve. Mineral Mayser

.A.E. U. Binighiv Jesu

Metired Dealers elors.

A Rt L Box 233 26726

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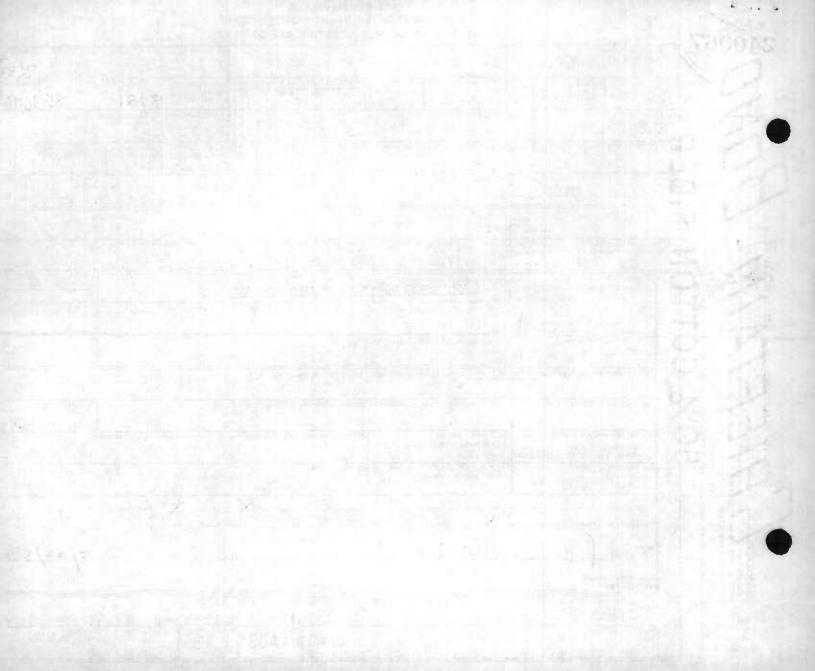
'es lev 17 Doris G. Franklin At L Reyser, E.Va.

ESET BULL OF

Burist 19 Aug 85 Foromec Jem. Lordens deyser Mineral W.V..

linen morruok heyeer, W.V..

	1 4		FOR STATE			STA DEPARTMENT OF		ARYLAND AND MENTAL	HYGIENE 2	127	
21	10067	1	REGISTRAR		ME	DICAL EXAMIN	ER'S	ERTIFICATE	OF DEATH	REG. NO.	
K. C.	(//		CEASED NAME E OR PRINT)	Willi	am	Harold	F	reeland	20. DATE KN OF E DEATH M	STI-	1 19 85 7.36
	DIRECTOR DIRECTOR SUR FILES 72 HOURS ON STREET	3 SE)		White	Jan. 25	YEAR LAST BIRTHD	AY) LIONT	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCE DEAD	8/21	1985 10:10
	NECESSARY, PIEASE FUNRAL DIRECTOR. S-FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET,		RTHPLACE (STATE REIGN COUNTRY)		76 CITIZEN OF W	HAT COUNTRY?	8. MARR WIDOW	ED NEVER MAR	RIED .	ecity or county	
	THE PAGE		mberla		II. NAME OF HOS	SPITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS) iberty St		er institution pt. 401	120 USUAL OCCUPAT FOR MOST OF WORKIN Welder	G LIFE)	kind of Business or Industry ailraod
1201	ANY DELA AND 3 TO RETAIN PA HOULD BE	USUA		IN NURSING HOME O	R OTHER INSTITUTION, GI	13c. CITY OR TOWN Cumberla	ON)	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	21	502
RE, MD.	A A A A A A A A A A A A A A A A A A A		ATHER'S NAME FIRST		iknown	LAST		15. MOTHER'S MAIL	DEN NAME unk	nown	LAST
SALTIMO	AATER SINE PAR	16a. V (Y	VAS DECEASED E ES, NO, OR UNKNOWN NO	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	705-05-4		Dorothy	V. Freela	nd same	e as 13a-e
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MD. 21201	D BE EXECUTED WITHIN 24 HORINING, IN PENCIL IN TEM. MEDIOGL EXAMINER ALONG AS A BURNAL -TRANSIT PER. EALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL.	No	Conditions, gave rise couse (o) st- lying couse	if ony, which to immediate ating the under-	D BY:  TE CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VITAL REC	SIAL, SED	CERTIFICATION	19a, DATE OF O			TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY? YES \( \sum \) NO \( \sum \)
ION OF	CERTIFICATE SHITING THE WORDED TO THE CORDED TO THE CORDED BE SAHOULD BE CORDED BE SHOULD BE CORDED TO BE SHOULD BE S	MEDICAL CER		OR CAUSE OF D	DEATH P.M	. MONTH DAY YEAR	3		ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)
DIVIS	WARDED WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY OC WHILE AT WORK		STREET FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	NWOT PO YFID	COUN	TY STATE
•	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FORE FUNERAL DIRECTOR: FER DEATH, WITH THE SIMINORE, MARYLAND,		220. I certify to death resulted ACTUAL SIGNATURE	from: Natura	e af the remains des	Accident . Su	Autop icide	Homicide TITLE (SPECIFY)  D. ADDRESS	On , Inquiry D Undetermined monn  MEDICAL EXAMIN	er ,	8/22/85
	5 X Y S A S A S A S A S A S A S A S A S A S	23e. 8	URIAL, CREMATIC			23c. NAME OF CE	METERY O	RCREMATORY	23d. LOCATION	COUNTY	STATE
07/84 25M	BP		Crema		8/24/85 re-Steir	Smithsh	Home	Cremator	Smithsh	ourg Wash	Marylan
	(VR A15 ME (5))	23	0 Balt	imore	Ave. Cum	berland.	MD	1502	00 2 0 1900	0	



## STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCITAL

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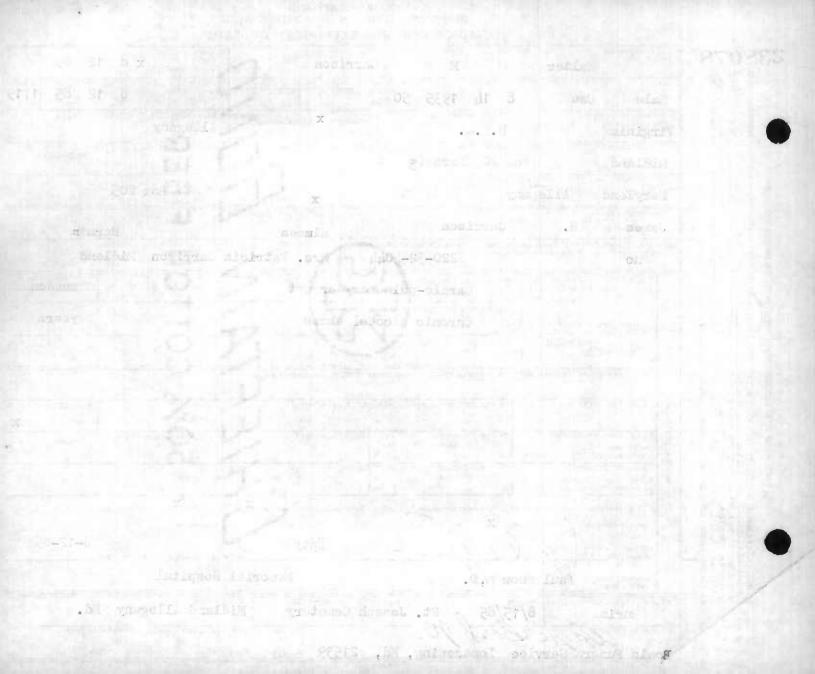
	1 -	STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	REG.	NO.				
		CEASED NAME	FIRST	N	AIDULE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEA	R 2b	HOUR	
	(TITE	OK PRINT)	Pau1		Н		Garlitz		8	16 85	5 6	5:10PM	
	3. SE	X		4. RACE	No. 171	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y		INDER 24 HRS	
	,	Male		White		MONTH	1 98	07	YRS		NIS HOI	DNS MIN	
1	7a. BI	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF V		Y? 8	D X NEVER MARRIED	9 BALTIMORE CITY			4		
2		laryland		United	States	WIDOWE		Allegany	Coun	ty		MD	
7		ITY OR TOWN OF DE	ATH		OSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OCCUPA				ISINESSOR	
	FI	rostburg		Fros	tburg C	ommuni	ty Hospital	Clerk	T OF WORKING		bor	atory	
5	13a S	AL RESIDENCE (IF NO STATE aryland	13b COUN		GIVE RESIDENCE BEF 134 CITY OR TO Frostb	NWC	13d. INSIDE CITY LIMITS? YES NO _	130 STREET ADDRES	s/zip.co	ole, 2	153	2	
1	14 FA	ATHER'S NAME	1.40	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	26.	77	IAST		
4	14	Enoch	5 11 11 6 15		arlitz		Agnes	A D.C	RESS	Kenz	1e		
		WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	214 05		Mary N. G			as 13	е		
6		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1		PART I. DEATH		D BY TE CAUSE (0)	ARDio 1	RESPIR	ATORY FAIL	URE					
					R AS A CONSEC	DUENCE OF							
		Conditions, if on		( ib)	SEPTIC	2 5H	ock	121-21		FG 11-2			
		gave rise to in cause (a1, stat	ing the	DUE TO, OF	R AS A CONSEC	DUENCE OF							
9		underlying caus	se last	(c)	PNZUK	HONIA							
9	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
	TIO	ADVANCE RHBUMATOID ARTHRITIS										400	
4	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND1	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO	INCER		S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \text{NO} \)		
9	CER	21a. ACCIDENT WAS U			FINJURY M. MONTH	DAY VEAD	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 1	8 PART LORPAR	2)		
7	CAL	OR CONTRIBUTING		NIH.		19	No. of the last						
	MEDICAL	21d. INJURY OCCU	VHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY		STATE	
		22a. I certify that (	1) (this haspi	tal) attended the	e deceosed from	AUGU	51 14 19 85	to Augu	_	19 8 3		(I) (we) last	
3		saw the decea	ised olive an	Augus7	after death	85, ar	d that in (my) (our) opinion	deoth occurred an the	date and h	aur and fram	the cause	es stated	
18		226. SIGNATURE	00		1.7		DEGREE	,		22c. D	ATE SIGN	VED	
		2.	. Ch	ang	M.D			MEDICAL ST	AFF SICIAN [	AL	4.	16, 198	
П		226. PHYSICIAN'S N	AME (TYPE C			1	22e ADDRESS						
		SATUR	RUINS	1. CH	KNG, 1	M.D.	FROSTBURG	PLAZA FR	057bu	RG 11	·D	2153,	
		BURIAL, CREMATION	, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		STATE	
		Buri	al	Aug. 1	9185 8	t. Pa	trick Cem.		vage,			y, Mo	
	24 FI	UNERAL DIRECTOR			ADERESS		25a DA	TE REC'D. BY REGISTRA	R 25b REGI	STRAR'S SIG	VATURE		
		Durst F	unera	1 Home,	rrostbu	rg, Md			ar ar	50	1.00	Le a	

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN 2b HOUR [TYPE OR PRINT] Garrison DEATH MATED M Walter 19 4. RACE SEX 5 DATE OF BIRTH 2d HOUR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 50 VDC 85 RONOUNCED 1719 1935 Male Cau DEAD TO BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Virginia Allegany U.S.A. DIVORCED D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Box 205 Paradige St FOR MOST OF WORKING LIFE) Midland JUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Box 205 Maryland YEST NO [ 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Garrison James Almeda Harman INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES! Midland 220-32-4044 Mrs. Patricia Garrison .10 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c), )
PARTIDEATH WAS CAUSED BY: Cardio-pulmonary arrest APPROXIMATE INTERVAL BETWEEN PURE TO BEATH PRESTON ST IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Chronic alcohol abuse years Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner EXECUTE THE CERT
PAGE 4 SHOULD I
TO FUNERAL DIRE
AFTER DEATH WIT
BALTIMORE, MARY 8-12-85 ACTUAL DATE SIGNATURE MEDICAL EXAMINER SIGNED Memorial Hospital EXAMINER'S NAME Paul Snow M.D. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 8/15/85 23c NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery Midland AlleganyouniMd. STATE 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Lonaconing, Md. 21539 Boals Funeral Service

STATE OF MARYLAND



FDWARD RENIAMIN COPPON SP 00	REG. NO.  OF DEATH MONTH DAY YEAR 26 HOUR										
FDWARD RENIAMINI COPPON SP 00											
	16 85 9:47 Am										
	N YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS										
male white 10-02-1944 YEAR	40 YRS MONTHS DATS HOURS MIN.										
COUNTRY) MARRIED NEVER MARRIED	MORE CITY OR COUNTY OF DEATH										
70 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	ALLEGANY COUNTY MD.										
(IF NOT IN SUCH FACILITY_GIVE STREET ADDRESS) (1YPE OF W	AL OCCUPATION ORK FOR MOST OF WORKING LIFE) INDUSTRY										
Cumberland SACRED HEART HOSPITAL Bus	Driver Transit Co.										
13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREE	T ADDRESS / ZIP CODE 06 Arch Street/21502										
14. FATHER'S NAME FIRST. MIDDLE LAST 15. MOTHER'S MAIDEN NAME	MIDDLE LAST										
James H. Gordon Annabel Smi	th										
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (195 NO OR UNKNOWN) (19 YES, OIVE WAR OR DATES) 215424877 Mrs. Janet Gordo	ADDRESS										
no 215424877 Mrs. Janet Gordo											
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
IMMEDIATE CAUSE (o)											
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b) 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF											
underlying couse lost.	the luce										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE.	ASE OR CONDITION GIVEN IN PART 110										
THE CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AU  YES   210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. HOW INJURY OCCURRED (ENTER	TOPSY? 206. IF YES, WERE FINDINGS USED										
AES STATE OF THE S	IN CERTIFYING CAUSES OF DEATH?  NO YES NO NO										
216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY  A G. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										
ON CONTRIBUTING CALEXAMINER)  ON CONTRIBUTING CALEXAMINER  ON CONTRIBUTING CALEXAMINER)  ON CONTRIBUTING CALEXAMINER  ON CONTRIBUTING CALEXAMINER)  ON CONTRIBUTING CALEXAMINER  ON CONTRIBUTING CALEXAMINE											
216 PLACE OF INJURY  216 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  218 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	CITY OR TOWN COUNTY STATE										
220   certify that (I) (this haspital) attended the deceased from (7-0) - 10 f /- to	8-16, 1985, that (1) (we) lost										
Obove, In (we) (ala) (ala hor) view the body after death.	red on the date and hour and from the causes stated										
226. SIGNATURE  DEGREE  ATTENDING , MEDICA	L STAFF										
	PHYSICIAN   8-19-81										
TO DE ADDRESS											
JOHN MEHANNA, M.D. 909-B SETON DR	IVE, CUMBERLAND, MD 21502										
TYPE REINIAL CHEATATION DESIGNATE 122 DATE 123 NAME OF CONTROLOGO CONTROLOGO											
(SPECIEV)	Therland Allegany MD										
BP   SPECBURIAL   08-19-1985   Sunset Memorial Park   Cur	TREGISTRAR 256. REGISTRAR'S SIGNATURE										

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SOUTH SETTING OF THE CHEERS AND A STEEL STEELS

STATE OF MARYLAND

BOALS FUNERAL HOME

HEGNES PROPRIES AND STREET TO STREET

Moons

CLYDE ALERD COUDY ACCUST 9, 1985 39:430

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SIT 012 SETON ONIVE, CHARGALANTE 21502

AN PROBLE DISEPRENT THE STATE OF STATE

	FOR			DED A DTA		TE OF MARYLAND HEALTH AND MENTAL HYG	ring 5	2 1 2	7	6		
371	- STATE REGISTRAR			DEFARIA		FICATE OF DEATH	REG. NO	D.		1		
1.0	PECEASED NAME	FIRST		MIDDLE		LAS1	20. DATE OF DEATH		YEAR	26 HOUR		
9	DOR	OTHY	JE	AN		GRAY	AUGUST 12,	1985		10:10A		
3 5	SEX	4	RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UND	DER TYEAR	IF UNDER 24 HRS		
	<b>Female</b>		White	е	Mai		72	YRS				
26 70	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRI	ED NEVER MARRIED	9. BALTIMORE CITY O		EATH			
11	MD		US.		WIDOW		126 USUAL OCCUPATION 126 KIND OF			M		
10	CITY OR TOWN OF DE	ATH III		CH EACILITY, GIVE STREET		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) IN	126 KIND OF BUSINESS O			
Y C	UMBERT AND WALKESIDENCE (IF NUR	SING HOME OF OT	EMORIA	I. HOSPITA	L		Housewif	e 0	)WII	Home		
130	STATE MD	Allec		13c CITY OR TOW Cumberl	114	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 628 Line		/	21502		
1/1 14	FATHER'S NAME	MIC	ODLE	LAS1		15 MOTHER'S MAIDEN NA	ME		1.45	1		
1	Daniel	A,		Swarne		Agnes	K.		Ir	vine		
160	WAS DECEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS				
/ L	No			220-03-7	575	Walter P	. Gray C	umberla	nd.	MD IMATE INTERVAL ONSET AND DEATH		
er diner troum	gove rise to im cause (a), statii underlying cause											
No		nificant co	NDITIONS C	ONTRIBUTING TO 1	DEATH BU	T NOT RELATED TO THE TERM						
STEEL STILL	190 DATE OF OPERA	TIÓN	196 CONE	OITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES				
-/-	00.00-10000117610	CAUSE OF DEATH	HOUR A	DF INJURY I.M. MONTH DI I.M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)			
MEDICAL	21d INJURY OCCUR	HILE 🗍		OF INJURY TREET, EACTORY, OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	WN CC	OUNTY	STATE		
	22a.1 certify that (I's saw the decease above. It was the	ed dive on_	8/1	19 6	=51.	ind that in (my) (aur) apinion	death occurred on the do	, 19_5 ite and haur and		that (I) (we) last causes stated		
	226 SIGNATUR	ME	206	4	n	ATTENDING PHYSICIAN	MEDICAL STAF	F	S/1	Z/85		
2	22d. PHYSICIAN'S N	AME (TYPE OR P	RINT	ALL INVESTIGATION		44PP WS Centr				1-17-		
	DR. WILLI	AM P.	IAMES			Cumberland,		21502				
230	BURIAL, CREMATION	REMOVAL	236. DATE	23c. h	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cou	NIY	STATE		
	Burial	7	110715	1005 0	-	Memorial P	Cumbon	land Al				

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
William G. Kight

Cumberland, MD

'AUG 1 4 1005

B. K. Dandel

	72	13,1913	e Mar.	Whit	Female
	Allegany	45	ř	2J	ar
Own Home	ousewife				
St./ 21502	628 Lincoln	, h	Cumberland	Allegany	MD
Irvine	. )1	Agnes	Swarner	. h	Daniel
CM , bnsl:	Gray, Cumber	Walter P.			No

Burial Augl5, 1985 Sunset Memorial P. Cumberland Allegany MD William G. Kight Cumberland, MD

			FOR			DEPARTMENT		MARYLAND H AND MEN	FAL HYGIE	NE 2	1 2	11		
254	1008	1-	STATE REGISTRAR		ME	DICAL EXA			•		REG. NO.	100		
	,	1 DE	EASED NAME OR PRINT)	AE FIRST		MIDDLE		LAST		20. DATE KN OF E	OWN XX	AONTH DAY	YEAR	26 HOUR
28	WEST A			Joann				Green		DEATH M	ATED [	8-30	19 85	M
P P P P P P P P P P P P P P P P P P P	YOUR FI	3. SEX	EMALE	WHOTE	JULY 29	1933 52 52	(IN YEARS IF U BIRTHDAY) MON YRS.		OURS MIN.	PRONOUNCE DEAD		8-30	19 85	4:30 D. M
ECISSA NERAL	STATE S	7a BI	REIGH COUNTRY	RYIAND	76 CITIZEN OF W	HAT COUNTRY?	8 MAR	RIED A NEVER	R MARRIED	9. BALTIMOR	-	County of		440
AY IS N	WEEK /	60	rostbu		(IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET ADD	ORESS)	HER INSTITUTIO	N 120 U	SUAL OCCUPAT	ION (TYPE OF	WORK 12h KI	IND OF BUS OR INDUSTR	
ANY DEL	SOUD A	USUA	RESIDENCE	(IF IN NURSING HOM	E OR OTHER INSTITUTION, C		DMISSION)	13d. INSIDE CITY I		REET ADDRESS BUCK H	TI.I.	2,	153	39
E, MD. 3	1 (50 )	14. FA	HOWAR		WIDDLE	<b>S</b> KIDMÜRE		15. MOTHER'S	MAIDEN NAM			DAV	LAST TS	
AUTIMOS OFTER D	Sign /	(1)	VAS DECEASI	ED EVER IN U.S. A	ARMED FORCES? VE WAR OR DATES)	16b. SOCIAL SEC	CURITY NO.	IT. INFORMALE EARL GI	NT	BUCK H	ADDRESS	NACONI	NG,MI	).
121 30	NG WIT BNE DIV	>	18 CAUSE	EATH WAS CAUS	only one couse per lin SED BY: IATE CAUSE (o)	e for (o), (b), ond (c		ıries			37	BET	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTO S CERTIFICATE SHOULD BE EXECUTED WITHIN 22 RITING THE WORD "PENDING" IN PENCIL IN IT	EF MEDICAL EXAMINE ALL SED AS A BURIAL - TRANSITE HEALTH AND MENTAL HIGH CREMATION, OR SEMON		gave r cause (c lying ca		th (b)	R AS A CONSEQUE	NCE OF	ASE OR CONDITION GI	VEN IN PART 7 (a).					
AL RECOI	CHIEF MEDICA E USED AS A BL T OF HEALTH AN URIAL, CREMA	CERTIFICATION	19a. DATE O	FOPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORME	D?			20	AUTOPSY?	
OF VITAL	THE CHIEF MENT OF H TO BURIAL			AL CAUSE WAS G OR ING CAUSE O	21b. TIME O	MONTH DAY	YEAR	HOW INJURY OC					YES 🔀	но 🗆
DIVISION S CERTIFIC RITING TI	ARDED TO THE CIGE 3 SHOULD BE CASHOLD BE CAS	MEDICAL	21d. INJURY	OCCURRED	ZIE PLACE STREET, FAC	OF INJURY (AT HO	DME, 211. L	civer in		CITY OR TOWN		COUNTY	2- 1	STATE
= ₹ ≥	- 4 4 -				rige of the remains d				RE.55, E	rostbur	7	my apinian	20., [	wa.
EXAMINI CERTIFIC	WITH A		death resul	terd rough No	tural couses	Acident XX	(Suicide	Hamicide		etermined mann	er ,			
SICAL E	SHOUL SEATH, ORE, M.		SIGNATURE	Well	uh /X	puyso.	ran	MD Assis	Annual Control	DICAL EXAMINI	ER :	SIGNED 8-	-31-89	5
TO MER	PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH, HE ST. BAITIMORE, MARYLAND, 2	23a.B	(TYPE OR PR	INT) DE	ennis F. St	123¢ NAME C	OF CEMETERY	OR CREMATORY	23d. L	St., Ba			21201	
07/84 BP		24_F1	BURI	AL	SEPT. 3,1	985 FROST	TBURG M	ENORIAL	PARK F.	ROSTBURG	G ALLE		MD STA	ATE .
	HMH - 17 A15 ME (5))	戊	ds F	WELD ?	ADDRES	Weste	en Dec	MAEP	0 5 198	5 gulis	Davidson		No.	

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		hoper terms.	E M de Da	2 P

	1.05		IIIDETT	end, ML	21502		ICATE OF DEATH	REG. N		YEAR 2h	HOUR
o 6		CEASED NAME OR PRINT)	FIRST		MIDDLE			20 DATE OF DEATH	MONTH DAT	YEAR 2b	HOUR
oy b	3. SEX		Denni	A RACE	mbrose	Grif Is DATE O		August 19		DER I YEAR IF	:35a
offer F						MONI	H DAY YEAR		MONTE		DURS MIN
rect ours	-	ALE		WHI		NOV.	11 1908	76	YRS		
2 hod 2	(	RTHPLACE (STATE OR COUNTRY)	FOREIGN		F WHAT COUNTRY	MARRIE	DXXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF L	DEATH	
8 5 6		RYLAND		USA		WIDOWE		Allegany	County,		/
The driver		TY OR TOWN OF DEA	AIH	(IF NOT IN SI	UCH FACILITY, GIVE STRE	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) IN		USINESS
à £		JMBERLAND		Secre	ed Heart	Ospit	al	RETIRED KE	LLY TIRE	CO.	
filled in	)30 S MA	AL RESIDENCE (IF NUR: TATE ARYLAND	13b COUN	1TY	13c CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1821 BEDFO	ZIP CODE ORD STREE	715 T	0
arthi		THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAST	
ban lampl	_	MES	3.3		GRIFFIN		WILHELMI		HARTUN		
ond co	16a V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDI	RESS		
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Buriel Aug. 13, 03 Forguno Nem, Dardens Keyser Minerel M.VA. Allen dotruck Reyser, .. VA.

Marino City or Cumbossual RES 3a STATE Mary 14. FATHER FILL (YES. NO. Yes.	yland TOWN OF DEATH  erland  DENCE (# IN NURSIN  land  S NAME  T loyd  ECEASED EVER IN OR UNKNOWN)  [IF	S. DAT MONT Ma  7b. CIT  11. NA (IF) G HOME OR OTHER II COUNTY Allegan  MIDDLE Hause U.S. ARMED FOO YES, GIVE WAR ORD	T.17,1 USA USA WE OF HOSPI NOTIN SUCHFACI MEMORI NSTITUTION, GIVE	YEAR 922  AT COUNTR  ITAL, NURS LITY, GIVE STREI  A1 HOS  RESIDENCE BEF 13c. CITY O	AGE (IN YEA 63 YR 14?) ING HOME ET ADDRESS) SPI ta FORE ADMISSION ET LANGE	MARRI WIDOW , OR OTHI	ED NEVEL ED ER INSTITUTIO	Re	PRONOUNCE DEAD  9. BALTIMOR  1. SUBJECT OF MORKING STORY MORK MORK STORY	Aug.  ECITY OR CO  Llegany ION (TYPE OF W.) GLIFE)	21, 1985 DUNTY OF DEATH FORK 175. KIND OF OR INDU	MI BUSINESS STRY
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(TYPE	OR PRINT)											Id.
(SPECIFY)	Burial			St	. Mar	rys C	emeter	y CATE DEC'2	Old town	Alleg	gany, Md.	STATE
2	PART 2  19a. C  19a. C  19a. C  10a. C	Canditions, if ony, gove rise to imm cause (o) stating the lying couse last.  PART 2 DTWER SIGNIFICANT (D  19a. DATE OF OPERATIO  21a. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL 21d. INJURY OCCURRED WHILE NOT WHAT WORK AT WORK  22a. I certify that I too death resulted from:  ACTUAL SIGNATURE SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  3a. BURIAL, CREMATION, REM (SPECIFY) BUT 1a.1	Canditions, if ony, which gave rise to immediate cause (o) stating the underlying couse last.  PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTIONS AND CONTRIBUTIONS CONTRIB	Canditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last.  PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RESERVED LANGUAGE CONTRIBUTING TO DEATH RESERVED LANGUAGE CONTRIBUTING TO DEATH RESERVED LANGUAGE CONTRIBUTING CONTRIBUTING TO DEATH POWER LANGUAGE CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH P.M.  21d. EXTERNAL CAUSE WAS LIB. TIME OF I HOUR A.M.  21d. INJURY OCCURRED LAT WORK AT WORK AT WORK AT WORK AT WORK AT WORK CONTRIBUTION CON	Canditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last.  PART 2 DTMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	Canditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last.  PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERM  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPER  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR AM. MONTH DAY YEAR CONTRIBUTING CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR AT WORK  21d. Injury occurred WHILE AT WORK AT WORK  22a. I certify that I took charge of the remains described above, held on death resulted from: Natural causes Actional Mastrangel  3a. BURIAL, CREMATION, REMOVAL CONTRIBUTION MASTRANGEL SEC. MAIL  24. FUNDERAL DIRECTOR	Canditions, if ony, which gave rise to immediate cause (o) stating the underlying couse last.	Canditions, if ony, which gave rise to immediate cause (a)   DUE TO, OR AS A CONSEQUENCE OF	Canditions, if ony, which gave rise to immediate cause (a) stating the underlying couse last.  PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? M  21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR AM. MONTH DAY YEAR ONTHING CAUSE OF DEATH P.M.  21a. INJURY OCCURRED  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  21a. ICCEPTIFY that I took charge of the remains described above, held on Autopsy Inspection  ACTUAL SIGNATURE  22a. I certify that I took charge of the remains described above, held on Autopsy Inspection  ACTUAL SIGNATURE  23a. BURIAL CREMATION, REMOVAL 23b. DATE SECEPT BUTIAL  8-23-85  125a. DATE DEC. TOR  23c. NAME OF CEMETERY OR CREMATORY  23d. MATTYS: Cemetery  23d. MATTYS: Cemetery  23d. MATTYS: Cemetery  23d. MATTYS: Cemetery  23d. DATE DEC. TOR  23d. DATE DEC	Conditions, if only, which gave rise to immediate cause (a)   DUE TO, OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (o) stating the underlying couse lost.  PART 2 DINER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  PART 2 DINER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a).  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? IN  10c. EXTERNAL CAUSE WAS UNDERLYING OR RUT NOT WHICH OPERATION WAS PERFORMED? IN  21c. EXTERNAL CAUSE WAS UNDERLYING OR RUT NOT WHICH OPERATION WAS PERFORMED? IN  21d. HAVE AN MONTH DAY YEAR P.M. 19  21d. HOUR A.M. MONTH DAY YEAR P.M. 19  21d. HOUR STREET CITY OR TOWN  21d. Location Street City OR Town  ACTUAL SONATURE OF DEATH OR Accident Solicide Homicide H	TART TO CAUSE (a)   Conditions, if ony, which gove rise to immediate couse (a) storting the under-lying couse last.

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Jack H. Geisel, Jr.

BURIAL

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Aug 12 1985

23b. DATE

JOHN G. STANSBURY, M.D.

Bedford Co. Mem. Park Schellsburg, PA 15559 110

23c. NAME OF CEMETERY OR CREMATORY

Bedford 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

Bedford

	THE COUNTY OF	
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	and the state of the state of the	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGIENE CERTIFICATE OF DEATH

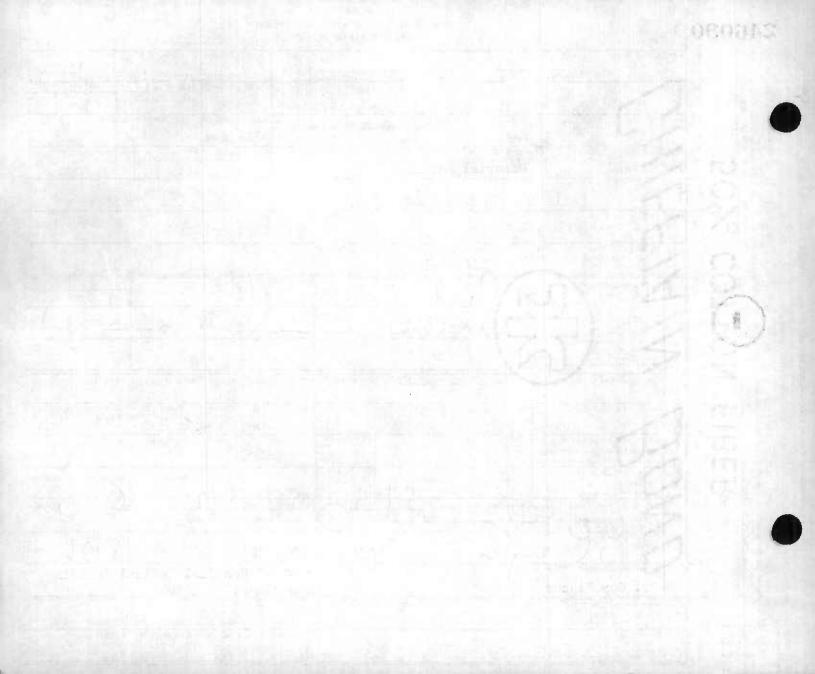
Si Leiden Bondelle

									REG. NO.			
		CEASED NAME	FIRST	A	AIDDLE		AST	2	O. DATE OF DEATH MONTH	DAY	YEAR	2b HOUR
			MARGU	JERITE	M.	HOT	WDYSHELL		August 23	198	35	12:05 <sub>P</sub>
	3. SE)	X		4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIRTHDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS
	/	female		white	e	MONTH 08	-04-1910 YEAR		75 YRS	MONI	HS. DATS	HOURS MIN.
		RTHPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9	BALTIMORE CITY OR COUN	TY OF	DEATH	
9		MD		USA		WIDOWE	D DIVORCED		llegany			MI
1		TY OR TOWN OF DEA	.TH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION		2a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING		26 KIND C	F BUSINESS OR
6		berland		Memor	ial Hosp	ital			housewife		OWN	home
6	USU/ Us. 5	AL RESIDENCE IN NONE STATE MD	Alle	ITY.	Cumber	VIN	134 INSIDE CITY LIMITS	11	sestreet ADDRESS / ZIP CO	DE t/2	1502	
1	IA EA	THER'S NAME THES' Davi	d Rya	n oour	(A)		IS MOTHER'S MAIDEN		Northeraft		. TAI	
1		VAS DECEASED EVER			16k SOCIAL SECT	JRITY NO:	17 INFORMANT		ADDRESS			
	-0	DO	THE SEL COM	( WAR DRIDATES)	216-38-1	604	Mr. Charle	e P	. Howdyshell.	Cumi	herla	nd MD
1	1 7	IR CAUSE OF DEATH	H:Enter on	ly one couse for	the for rox (A. or	nd ice	in andre	3.11	Lionay Stierry	T	DITTO THE	MATE BISERVAL
- 1		PART I DEATH W	AS CAUSE	E CAUSE (o)	such	~ Cen	mi CL	00	11		10	1
			TOURNE PLINT			. A.	0-7	1	1 80			-
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		gove rise to emm	rediate	1115	,				0			1
- 1	180	underlying couse		DUE TO OF	R AS A CONSEQU	ENCE OF						
- 1		DARY O OTHER CICA	UE IC A NIT C	(d)	A ITRIBUTANC TO	DE ATIL BUT						
i	Z	PART 2 OTHER SIGN	HFICANT	ONDITIONS <u>CC</u>	DATKIBUTING TO	DEATH BUT	NOT RELATED TO THE T	EKMIN	al disease or condition (	SIVEN	IN PART III	0
4	CERTIFICATION	19a DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20g AUTOPSY?   20b. IF	YES W	ERE FINDIN	NGS LISED
M	FIC	THE DATE OF GLEAN		1,0 00,10	non ron miner	· O· ENATIO	TO TEM ONNED		IN CER	TIFYIN		OF DEATH?
	FR	21a. ACCIDENT WAS UND	EBIVING F	21b. TIME O	E INTITION		121. HOW IN HURY OCC	CLIDDEE	YES NOT	YES [	J	NO 🗌
A		OR CONTRIBUTING		110110	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URREL	(ENTER NATURE OF INJUR IN ITEM I	8 PART I	OR PART 2)	
	CA	(IF EITHER NOTIFY MEDIC	AL EXAMINER	P./		19						
	MEDICAL	21d. INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY OFFICE. I	FARM FIC	211. LOCATION STREET		OTY OF TOWN		cousts	STATE
	2	AT WORK NOT WH	ILE			0	0	1	0/00	C	1	
		22a.1 certify that (1)	(this hospit	tolended the	e deceased from		19_	0	, to	107	0	har (II) we) los
	734	obord (I) we'll	Holive of	ti view the bedy	198	) or	nd that ( (my) ( our) opin	ion dec	oth occurred on the date and h	our one	d from the	couses stated
	1	22h SIGNALUME	Did its	viewine bedy	arrer deoin.		DEGREE				22 DATE	SIGNED
,		111	1	1/201	27	> 1	ATTENDING	G ph	MEDICAL STAFF DIRECTOR   PHYSICIAN		V	16
		224 PHINGCIAN'S NA	UNE TIEN	EFRICE)							1 7	11:
	1	Dr. Guy F	iscus						1 Hospital Med and, Md 21502	ıca	T RAI	.iaing
	23n R	BURIAL, CREMATION,		23b. DATE	123, 1	NAME OF C	EMETERY OR CREMATOR		123d LOCATION			
- 1		Burial	LINOVAL	08-26-			st Burial Pa		CITY OF TOWN	Dia	legan	v MD
	74 FI	INERAL DIRECTOR	-	100 20	2707 1113				EC'D BY REGISTRARIZS REG			

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



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EASE TTOR. FILES. DURS REET,		CEASED NAME E OR PRINT)	CF	FIRST			MIDDLE VILL		H		rell		OF	E KNOW ESTI H MATE	ED E	MONTH 8		YEAR 1985	26. HOUR 10:04
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NECESSARY, PLE FUNERAL DIREC. S. FOR YOUR F. WITHIN 72 HO W. RESTON STR	7a Bi	RTHPLACE (ST	ATE OR		τ	S.	A.		WIDO	WED	DIV	ARRIED	A	imore o	any				MD.
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DRE, MD. 2 R DEATH. II AGES 1, 2, RRM PM 3 I AND 2 S OCEVIAL	14. F/	Charle			MIDDLE			Howel.			Mart	ha	E	MIDDLE				sson	
AFTE INE P. H FOUR P. SION	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO Yes	DEVER IN WN) (#	U.S. ARM YES, GIVE V	AED FOR	ES)		20-10-			s Ann	ie Ho	well		oress aconi	ing	Md.		
N ST., BA N HOURS EM 18. G DNG WIT ERMIT. PA		18. CAUSE O PART I DE	ATH WAS	Enter and CAUSED	BY:			b), and (c).)	vas	ul	ar	A	ccia	lent	+.		AP BETW	PPROXIMATE VEEN ONSET	INTERVAL AND DEATH
TED WITHIN 2 TED WITHIN 2 PENCIL IN IT A-RANSIT PARNSIT PARNSI		gave ri	ns, if any, se to im- stating the se last.	mediate		(b)		NSEOUEN											
L RECORDS, 3C UULD BE EXECU "PENDING" IN FEF MEDICAL E SED AS A BURR HEALTH AND CREMATION, C	NO	PART 2 OTHER SI	GNIFICANT CO	INDITIONS C	ONTRIBUTION	IG TO DEATH	BUT NOT RE	LATEO TO THE	TERMINAL DISE	ISE OR CON	DITION GIVEN	IN PART 1 (a).							
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A 8 RE OFFARTMENT OF HEATH AN PRIOR TO BURIAL, CREMATION	CERTIFICATION	19a. DATE OF	OPERATIO	NC	19	b. CONDIT	ION FOR	R WHICH O	PERATION	WAS PER	FORMED?							NUTOPSY?	NO []
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DIVISION OF VITALI THIS CERTIFICATE SHOU "WRITING THE WORD" WARDED TO THE CHIEF PAGE 3 SHOULD BE USE PAGE 3 SHOULD BE USE TO PRIOR TO BURIAL, C	MEDICAL	21d. INJURY C	NOT WE	HILE [	21	e. PLACE C STREET, FACT		Y (AT HOM , ETC.)	E. 21f. L	OCATION STREET	1		CITY OR	TOWN	7	co	YINUC		STATE
EXAMINER: 5 CERTIFICATE 7 DINE BE FOR 1, WITH THE S MARYLAND, 2'S		220. I certi death result			e af the real causes		Acciden	pave, held o	n Auto	), н	Insperior Insper	Y) to	Inqui etermined DICAL EX	monner	and i	DATE	8	-10	35
MEDICAL ECUTE THI GE 4 SHO FUNERA TER DEATH	150	EXAMINER'S (TYPE OR PRI	4T)	Fra	inci	SCO	Rej	es	1	_ADDRE			on ]	Dr.	Cun	rbe	vlan	d, M	1. 21502
BP	13	Burial UNERAL DIRECT	11		Vi)	X85	I	WI	Md.	or crew	Park	CIT	OCATION Y OR TOWN Prost	burg	. REGIST		egar SIGNATI	ly M	d.
15M 7/76	_	Artesia.	yunox	and o	e I v I	00 100	/11au (	THE	**## # /		AUG	1.4 8	55),	Crisio	Deve	d/01/v	=\omega_	talks.	

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MPORTANT nould be out

230 BURIAL CREMATION, REMOVAL

(SPECIFY)

Burial

23h DATE

8/7/85

DHMH - 16 60M 7/84 (VRA 15, 4)

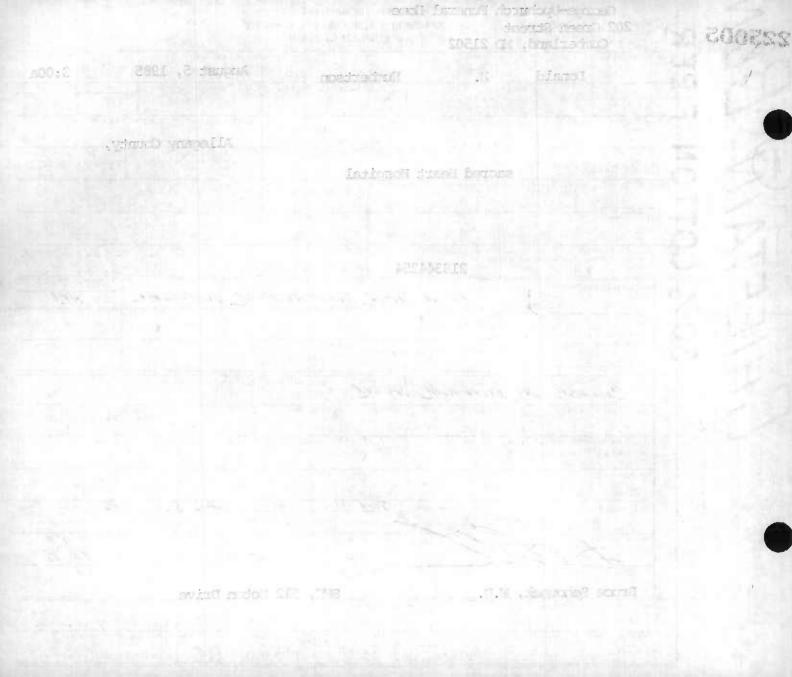
24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 8 202 Greene Street-Cumberland, Md. who Dourdson Handalle 21502

23¢ NAME OF CEMETERY OR CREMATORY

Sunset Memorial Park

ITY OR TOWN

Cumberland-Allegany Co.-Md.



		LEASURE-	-STEIN FUNERA	L HOME SIA	HEALTH AND MENTAL W	CIEMP 2	0 3
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		CEASED NAME FIRST	MIDDLE	THE WAY	LAST		YEAR 26 HOUR
poge 3	11111	EMMA	VIOLA	1	HURT	AUGUST 21, 198	5 17:1
of of o	3. SE	(	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 I
ge 4		Female	Black	MOR	8/25/88 YEAR	97 YRS.	
Pod S		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OHNTRY? IX	IED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Cot 720		rginia	U.S.A.	WIDOV			NTY,
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
to see the see	Cu	umberland	(IF NOT IN SUCH FACILITY,	HEART HOSI	PITAL	Housewife	THE OSTAL
hou hou		AL RESIDENCE (IF NURSING HOME		PENCE BEFORE ADMISSION	1) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	2150:
4 9 9	Ma			berland	YES 🔣 NO 🗌	708 Maryland	Ave,
	14. FA	THER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
A AV		Thomas		rawley	Mitt		unknown
1	160 V	VAS DECEASED EVER IN U.S. A	SIVE WAR ORDAIES	CIAL SECURITY NO	17 INFORMANT	ADDRESS	Walnut Str
Poo e		NO OR UNKNOWN) (IF YES,	218	8-30-0702	James F. I	Hurt Cumberl	and MD 21
sicio ppers		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for	to i, (b), and (c).	60. []	4120	BETWEEN ONSET AND DE
ph)			ATE CAUSE (0)	Linoma	Madder	outh Melanleses	8 mars
ding or r	6.1		DUE TO, OR AS A C	ONSFOLIENCE OF			
deot ive c		Conditions, if ony, which	(b)				
the cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF		1471 - 7-12-14	
by ose	10	underlying couse lost.	(c)				
signed sen ple o burid	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	ITING TO DEATH BI	JT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GIVE	EN IN PART 110
red ny in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20b IF YES	, WERE FINDINGS USED
nos b	FIC					IN CERTIF	YING CAUSES OF DEATH?
nysicio icote h Hygie 18 sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	Y	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
4 点 生工る とし		OR CONTRIBUTING CAUSE OF	PER III	ONTH DAY YEA	R		
ySIC ding s cert s cert went	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIT	P.M. 21e PLACE OF INJU	15 RY	211 LOCATION		
the the part of the code	ME	WHILE NOT WHILE	(AT HOME STREET, FACTO		STREET	CITY OR TOWN	COUNTY STAT
Affe oos ooth ooth		22s.1 certify that (I) (this has	enital) attended the decea	sed from S	3-13 108	C : 8-21	19.85, that (I) (we
OR: OR: I IS I IS I		sow the deceased alive	on	19		in death occurred on the date and hour	
RECT ed for		obove, (I) (we) (did) (did 22b. SIGNATÜRE	not view the body effer de	oth.	DEGREE		22c. DAJE SIGNED
DIR The T		The	Lesson	201	ATTENDING	MEDICAL STAFF	8/22/8
By the by		22d PHYSICIAN'S NAME (TYP	E OR PRINT)	V V		DIRECTOR PHYSICIAN	1 - 10
TO HOSPITAL retoined by the TO FUNERAL Ishould be detoined with the Stote IMPORTANT: If			CHWARTZ, M.D.		FROSTBURG	FROSTBUR PLAZA, RTS 36 & 40	G, MD 21532
5 5 5 3 8 4 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5	23o. E	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION	
BP		Burial	8/26/85			city or town suffolk	Virgin
	24 FI	NIEDAL DIRECTOR			125 0	TE DECID DA DECIETO POLO DECIGN	RAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	_	30 baltimore	sure-Stein	'uneral	Home, Inch	OR MORE LA K. A.	90.0.00
(VKM 13, 4)	1 2	30 haltimore	ATTO Cumb	orland	MD 21 EADIT	CHAIL CO.	The state of the s

230 baltimore Ave. Cumberland, MD 2150

LEASURE-STEIN FUNERAL HOME STATE OF MARYLAND

Denet of tone

TRACETRUPO PLASA, PERS SE S. LO.

218-30-0702

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		•
	UIS	T.		NSON	August 3,	DAY YEAR	5:35 pm
Male Male	4. RACE Wh.	ite	5. DATE C	2/1899 YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	
70. BIRTHPLACE (STATE OR FORE COUNTRY)  Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		BALTIMORE CITY OR C		MD.
Cumberland		HOSPITAL, NURSIN HFACILITY, GIVE STREET Memoria	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF W UNKNOWN	ORKING LIFE) INDUSTRY	of Business or nown
	HOME OR OTHER INSTITUTION COUNTY Allegany	GIVE RESIDENCE BEFORE  134. CITY OR TOW  Cumber	N	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / Z Country C	lub Rd.	/ 21502
Adam	MIDDLE H	Johnson	n	Matilda	WIDDIE	Donalds	ast on
160 WAS DECEASED EVER IN (YES NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	220-54-		Finan Cer	ADDRESS		MD
18 CAUSE OF DEATH	enter anly ane cause per		d (c). I				XIMATE INTERVAL NONSET AND DEATH

PART I. DEATH WAS CAUSE!		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) CITY OR TOWN WHILE NOT WHILE

AT WORK					
220 1 certify that (1) (this hospital) attended the a	deceased from	. 19	, to		
saw the deceased alive an abave, (I) (we) (did) (did not) view the bady all	19, and the death.	at in (my) (aur) apinia	n death accurred	an the date and h	aur and Iram the causes stated
77h SIGNATURE	DEG	REE			22c DATE SIGNED
16-111 10		ATTENDING	MEDICAL	STAFF	

PHYSICIAN DIRECTOR PHYSICIAN 100 per 22e ADDRESS 500 Memorial Ave., Memorial Med. Bldg. THE PHYSICIAN'S NAME (THE DEPONIT Dr. H. C. Merrick

Cumberland, MD 21502 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY)

Cumberland, Alleg., MD Burial 8/8/85 Alleg. Cty. Ceme. 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

LaVale, MD John J. Hafer, Jr.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

CERTIFICATION

MEDICAL

MPORTANT BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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John J. Refort, Jr. 18 Jakes, office of the sure of section of

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPERE CERTIFICATE OF DEATH

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2	-	has	0

"in Deviden-Randall

		REGISTRAR				CERTII	ICAIL OF	DEATH	R	EG. NO.					
		CEASED NAME	FIRST		MIDDLE	I	AST		20. DATE OF DE	ATH MON	TH DA	AY	YEAR	26 HOUR	?
V	(TYPE	OR PRINT)	Tin	nothy	Bone		Johnson			8	3 2		85		
1	3. SEX	× .	1 (1)	4. RACE	bone	5. DATE C			6. AGE (IN YEARS			F UNDER		IF UNDER 2	M PA HRS
	3. 567		379			MONTH		YEAR				ONTHS	DAYS	HOURS	MIN,
1		Male		White		5	1	11	74		YRS				
1		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D X NEVER	MARRIED -	9 BALTIMORE	-			ATH		
1	U	nited Stat	tes	Unite	d States	WIDOWE	D D	IVORCED [	Allega	ny Co	unty	/			MD.
	10 CI	TY OR TOWN OF DE.	ATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL OCC					BUSINES	SS OR
	F	rostburg				nunity	/ Hospi	tal	Mail	Carr:			ost	al	
1	USUA	AL RESIDENCE (IF NUR		OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						1	0.00	CALLE	
3		TATE	13h COUN		Eckhar		13d INSIDE		P.O. b	RESS / ZIF	CODE	21	528		
-		aryland THER'S NAME	ATTE	egany	ECKNAP	L	YES	S MAIDEN NA		/OX 1-	10 /	Chaque	7-0		
1	14. FA	FIRST		MIDDLE	LAST			FIRST		DDLE		-	1A51		
1		Oscar			Johnson			ona				Cr	owe		
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECL	JRITY NO.	17 INFORM			ADDRESS					
	1	YES, NO OR UNKNOWN)	WW	II	215-16	-4807	Myrtl	e R.	Johnson	- S	ame	as	ab	ove	
		18 CAUSE OF DEAT	H (Enter or	ly one couse per	line for (a), (b), on	do			0			BE	APPROXU	MATE INTERV	AL
		PART I. DEATH V	VAS CAUSE	D BY:	Carrio	Kerh	water	y for	nline			0.0		HAGE! AND D	4.4111
		APPEN INS	IMMEDIA		The State of	1	1	1				1	10	11.	_
8		C- 195		DUE TO, O	R AS A CONSEOU	ENCE OF	Cartonia	Carl C	alekeli.	+			10	day	2
		Conditions, if ony gove rise to im-	mediate	(p)	Leve	m n	000		-com		-	-	_	-0	
		couse (o), statu		DUE TO, O	R AS A CONSEQUI	ENCE OF	0 114	)	, har 3.						
				(c)		More	+ VIL	Vym C	019						
	2	PART 2 OTHER SIG	NIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERA	WINAL DISEASE OF	CONDITIO	ON GIVE	N IN P	ARI lio		
	CERTIFICATION	Severe (	myer	me fo	ntrul		0-1/6.	OLen	el Jouls	ne					
1	CA	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY		CERTIFY	WERE ING C	FINDIN	GS USED OF DEATH	42
	TIE								YES NO		YES			NO [	
2	Ü	210. ACCIDENT WAS UN		216. TIME O	FINJURY M. MONTH D	AV VEAR	21c. HOW II	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN I	TEM 18 PAR	RTIORP	PART 2)		
	AL	OR CONTRIBUTING		1111	M.	19									
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATI								
H	Z	WHILE NOT WE	HILE	(AT HOME STR	REET, FACTORY, OFFICE, I	ARM ETC )	STREE		CIT	YORTOWN		COU	IMIA	51.	ATE.
		220.1 certify that (I)		tol/ ottended th	e deceased from	171	7/20	10	010		1.0	8-5		1	
		sow the deceas	ed alive on	8/2	108	20-1	nd that in Imy	(our) opinion	death occurred on	the date a	nd hour	and the		hot (1) (w	
-		obove, (I) (22b. SIGNATURE	ded did no	t view the body	ofter death		DEGREE	(00)   0		me dore d	na naor (				eu
		220. SIGNATURE	(7)	1	/	M.		ATTENDING	MEDICAL	STAFF	1	12c	DATES	IGNED	-
			0 (	found	m	111		PHYSICIAN [	DIRECTOR P			0	13	10	
		22d. PHYSICIAN'S N					22e ADDRE						1 1		
		Dr. S	.L. S	andhir			Frost	burg C	omm. Hosp	oital	48	Tarı	n Te	errac	e
		URIAL, CREMATION,	REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR	CREMATORY	23d LOCATIO						
	(1	Burial		8/5/8	5 E	ckhar	rt Cen	etery	Eckha	rt.	Alle	COUNTY	nv.	MD	ATE
		INIEDAL DIRECTOR		-				Jac 211	TE DECID ON DECIS	70.000	2501070	0	, ,		

Frostburg,

John J. Hafer, Jr.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatiin

ne ora	1-1	FOR STATE			ST. EPARTMENT OF	HEALT		-	ATH	2 8	3 8	
28076		REGISTRAR CEASED NAME	FIRST		MIDDLE	MEK 2	LAST	E OF DEA	KE	G. NO.	6.00	_
and the same of th		E OR PRINT)	11.						20. DATE KNOW	. 🖳	DAY YEAR	2b. HOUR
CTOR CTOR CHES COURS OURS			atherine		Α.		Kelly		DEATH MATE	00-		3:30A
GESARY, REASHER DIRECTOR OR YOUR FILES THEN 72 HOURS PRESTON STREET	sex fe	emale white	MONTH	OF BIRTH	YEAR LAST BIRTH	YEARS IF U	NDER 1 YR. IF U		PRONOUNCED DEAD	0-8°0	12-85 YEAR	3:000 a ~
PRESTO	7a. BI	RTHPLACE (STATE OR	7b. CITIZ	ZEN OF WHA	T COUNTRY?	10			9. BALTIMORE	ITY OR COUN		1
語うり	FO	reign country) MD	30 P N	USA		WIDO	RIED   NEVER	WARRIED X	Alle	egany		7.416
17		TY OR TOWN OF DEATH	(IF NO	OT IN SUCH FACI	TAL, NURSING HOA	ME, OR OT	HER INSTITUTION	1 12a US	UAL OCCUPATION	TYPE OF WORK	126 KIND OF BU OR INDUST	ISINESS RY
00	ICLIA	Cumberland L RESIDENCE (IF IN NURSING		419	Washingtor	n Str	eet	ret	ired sec	retary	textil	е
6	3a. S1	TATE 13b.	COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIA		REET ADDRESS 19 Washi	naton S	treat/21	502
111	14. FA	THER'S NAME	WIDDLE	4	LAST	niu.	15 MOTHER'S	MAIDEN NAME	MIDDLE	<u>ndrour</u>	LAST	202
11		John P.	Kelly		5001		, mai	Ella F			that	
,	16a. W	AS DECEASED EVER IN L			16b. SOCIAL SECUR	ITY NO.	17 INFORMAN	T	ADI	DRESS		
	1.10	no			214-07-1				Finan,	Cumberl	and, MD-	niece
		18 CAUSE OF DEATH (E PART I DEATH WAS	nter anly ane cau CAUSED BY:	use per line fo	"Metatsta	tic C	arcinoma	3.			APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
MOVA		IM	MEDIATE CAUSE	UE TO, OR A	s a consequence Primary	E OF	nome of	Pladdo				
NENTAL P	_	Conditions, if any, gave rise to imm	which nediate	(b)	riimary	Carci	.Homa. OI	Diadde.				
		cause (a) stating the lying cause last.		UE TO, OR A	S A CONSEQUENCE	OF						
ORIAL, CREMATION	Z	PART 2 DTHER SIGNIFICANT COM	IDITIDNS CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEA	SE DR CONDITION GIVE	H IN PART 1 (a).				
-	TIO	190. DATE OF OPERATIO	N II	AL CONDITIO	ON FOR WHICH OP	EDATION V	VAC DEDECIDATED	2			20 AUTOPSY	
0000	를 다			THE CONDING	or verner or	LKAHON	VAS FERI ORMED					
7	AL CERTIFICATION	210. EXTERNAL CAUSE VI UNDERLYING OR CONTRIBUTING CAU			MONTH DAY YE	AR 21c. H	IOW INJURY OCC	CURRED LENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OR PA	YES ART 2)	NXXXN
	MEDICAL	214 INJURY OCCURRED WHILE NOT WH AT WORK	21	P.M.  le PLACE OF  STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	co	UNTY	STATE
BALTWORE, WARYLAND, 21201		220. I certify that I too death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME I (TYPE OR PRINT)	k charge of the ro Natural causes L Dvanni M	Lat	recident		Hamicide  TITLE (SPECII  A.D.  900  ADDRESS	Seton 1	Inquiry XX, ermined manner  PICAL EXAMINER  Dr. Cumbe	DATE SIGNE	:D	02
< ∞	30.BL	Burial Burial		7 100	23c. NAME OF C				OCATION ORTOWN	COU		ATE
1		DUITAL JNERAL DIRECTOR	1 08-0	3-1985	SS Pete	er Pau			mberland	Allega	any MD	
	24 FU	James F. Sca	arpelli.	ADDRESS	erland. MC	2150		PALE GEORGE B	SECUSTRAR 25h	A Javidson	- Janates	

attigate of a substitution of the substitution of

235024	11-	FOR STATE		DEPARTMENT OF I			DEATH	28	7	
	T. DE	REGISTRAR CEASED NAME FIRST SUS	an	MIDDLE M.	Kett	isman	20. DATE KNOWN [I OF ESTI- DEATH MATED [	MONTH 8	DAY YEAR 10 19 85	26. HOUR 1:20 M
ARY, PLE DIRECT COUR FII V 72 HOI CON STR	3. SE	FW	5. DATE OF BIRTH DAY		AY) MONTH	DER 1 YR. IF UNDER 2.	PRONOUNCED DEAD	8	10 19 85	1:26 M
NECESS. UNNERA WITHII	FC	RTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF W		WIDOW		Allegan	y		MD.
ELAY IS TO THE F I PAGE BE FILED	(	Cumberland	(IF NOT IN SUCH FA	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) PMOVIA	lospi'	ta/	120 USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE)  NOUSEWITE	PE OF WORK	OR INDUSTR	RY
AD. 21201 F ANY DELAY IS NECESSARY PLEASE RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED, WITHIN 72 HOURS RECORDS, 801 W PRESTON STREET,	13a. S	MD A	ME OR OTHER INSTITUTION, GI UNITY Hegany	13 CITY OR TOWN	and	YES NO	130. STREET ADDRESS 28 E Indu	estrial	Blud.	
BALTIMORE, MD.  SOVEPAGES  H. PAGES I AND SE  DIVISION OF WAR		ATHER'S NAME F很ST	(nfn)	last			nmn)		LAST	
S AFTER GIVE PARTER PAGES I VISION	16a. \	WAS DECEASED EVER IN U.S. (IF YES, C)	ARMED FORCES? GIVE WAR OR DATES)	215-20-71		Mrs. Elea	nor M. Knoche		erland,	MD
# 14 MAN			DIATE CAUSE (a)	AS A CONSEQUENCE O		bowel			APPROXIMATE BETWEEN ONSET	AND DEATH
, 201 W PETTING WITH IN PRESENTATION OR RELIGIOUS OF RELI		Conditions, if ony, wh gave rise to immedi couse (a) stating the unc lying couse lost.	de (b) 17 DUE TO, OR	obably du as a consequence o			cleratic Dise	ase		
RECORDS  ID BE EXECUTE PRODING: MEDICAL MEALTH AN MEALTH AN	NO	Cancer	of the c	colon wit	4 1	iver met	astasis.			
VITAL RESHOULD ORD "PE CHIEF A LIT OF HE A SURIAL, OF THE	CERTIFICATION	8-9-85	/	abdominal	Pa	in			20. AUTOPSY?	NO B
DIVISION OF VITAL BILL SCRIFFICATE SHOU ARE, WRITING THE WORD, ORWANDED TO THE CHIEF R: PACE 3 SHOULD BE USE HE STATE DEPARTMENT OF HU, 21201 PROR TO BURINAL	MEDICAL CE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE ( 216 INJURY OCCURRED	OF DEATH P.M	. MONTH DAY YEAR			LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART	2)	
DIVIS THIS CER WARDED PAGE 3 S TATE DEF	MED	WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	CITY OR TOWN	COUN	ĬΥ	STATE
EXAMINIC CERTIFIC CLERTIFIC DIRECTO		22a   certify that I took ch death resulted fram: No ACTUAL SKINATURE	orge of the remains des		Autops icide,	Homicide	Undetermined manner,  MEDICAL EXAMINER	DATE SIGNED.	B-10-	85
O MEDICAL XECUTE THE O FUNERAL O FUNERAL MALTIMORE		EXAMINER'S NAME (TYPE OR PRINT)	raneiseo	Reyes		- Unit 23	reton Dr. Oum	berlan	d Nd Z	150Z
BP	(:	URIAL, CREMATION, REMOVA SPECIFY) Burial	08-13-19	85 Sunset		ial Park	23d. LOCATION CUMPORTOWN Cumberland	Alleg	any MD	LTE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24 F	uneral director NAME  James F. Scarr	oelli, Cumb		21502	1110	- 4005	avidson-	Andell	

should be deto with the State IMPORTANT: I 0

22a. ( certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on\_ \_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF

22d. PHYSICIAN'S NAME ITYPE OF PRINT GEORGE M. BREZA 230 BURIAL CREMATION, REMOVAL

22e ADDRESS BMG,

SUNSET CEMETERY

912 SETON DR., CUMBERLAND, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

73r DA推 SIGNED

COUNTY

BP	BURIAL
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR

736 DATE

AUG 29 1985

CUMBERLAND ALLEGANY MARYLAND BY REGISTRAR 256. REGISTRAR'S SIGNATURE

(VRA 15, 4)

ADDRESS

CITY OR TOWN

THE PERSON NAMED IN COLUMN ALCOHOL: 58, 3982 VINCO Y SCHOOL

240004	1-5	OR STATE			ST DEPARTMENT O DICAL EXAMI	FHEALTI	AARYLAND I AND MEN	YH LATH	GJENE Z	2 1	2 9		
246021	1. DEC	EASED NAME OR PRINT)	FIRST		MIDDLE		iller	ATE OF	2a DATE OF	ESTI-	MONTH	DAY YEAR	26 HOUR
LUAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5. FOR YOUR FILES. PERFILED, WITHIN 72 HOURS SS, 201 W, PRESON STREET,	3. SEX	le W		5. DATE OF BIRTH April 9	6 AGE (IN	ve and IE III	NDER 1 YR. IF	UNDER 24		E INCED	В 8	11 19 0 J	
NECESSA UNERAL FOR Y RITHIN	FOR	THPLACE (STATE OR		76. CITIZEN OF W	•	8. MARE	VED X	R MARRIED DIVORCED	All	more city of egany	7		MD.
PAGE S. Zelled	Mo	Coole		Rt. 13		S)	HER INSTITUTIO	ON   12	Retire	DRKING LIFES		OR INDUS US Ar	TRY
AD 21201 L. FARY DELO 2. AND 30 2. SHOULD EN	13a ST	aryland	113b. CQUN		MCCOOL			NO	Rt. 13	55		267	26
TER DEATH. IF PAGES 12. CORM PM 3. SES I ANNO 2. SON OF VITAL SON OF V		THER'S NAME Edwar			itzmille		15 MOTHER'S	nda	NAME		.tten	hour	
ST., BALTIMORE HOURS AFTER DEATH OURS AFTER DEATH IG WITH FORM PM MIT, PAGES I ANNO.2 WE, DIVISION OF AUTH OUT OF THE PAGE I ANNO.2 WE, DIVISION OF AUTH OUT OF THE PAGE I ANNO.2 WE, DIVISION OF AUTH OUT OF THE PAGE I ANNO.2 WE, DIVISION OF AUTH OUT OF THE PAGE I ANNO.2 WE DIVISION OF THE	16a. W (YE	AS DECEASED EVE	(IF WWW	MED FORCES?	166. SOCIAL SECUR	117 NO. 5047	Fred Fred		itzmil	ler,		Conco	rd, CA
201 W. PRESTON UTED WITHIN 24 H IN PENCIL IN TEK EXAMINER ALON FIAL-TRANSIT PER O MENTAL HYGIEL ON, OR REMOVA	NC	Canditians, if gave rise ta cause (a) statin lying cause las	VAS CAUSEI IMMEDIAT any, which immediate g the under-	D BY:  TE CAUSE (a)  OUE TO, OF  OUE TO, OF	e for (a), (b), and (c).)  Ardiac al  RAS A CONSEQUENC  COPONARY  RAS A CONSEQUENC	e of			isease				TE INTERVAL ET AND DEATH
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTIFING THE WORD "REDDING" RED SHOULD BE USED AS A BURE SHOULD BE USED AS A BURE SHOULD BE USED AS A BURE OF HEALTH AND I PRIOR TO BURIAL, CREMATION FOR THE SHORT OF THE SHOULD BE SH	V 1	190. DATE OF OPER  210. EXTERNAL CAI  UNDERLYING CONTRIBUTING 21d INJURY OCCUI  WHILE NO	7 80 ISE WAS OR CAUSE OF I	21b. TIME O HOUR A.A P.A 21e PLACE	M. MONTH DAY YE	AR 21c H	SERT	TON	LENTER NATURE OF IN		PART 1 OR PAR		NO D
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WAR PAGE 4 SHOULD BE FORWARD TO FUNRAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAHMORE, MARYTAND, 2120		22a. I certify that death resulted fra ACTUAL SIGNATURE  EXAMINER'S NAMI (TYPE OR PRINT)	I taok charg	ge af the remains de ral causes	scribed above, held an	Suicide^	Hamicide TITLE (SPETAL)  ADDRESS	e []. CIFY) Memor	MEDICAL EXAM	anner .	DATE SIGNEE	8-11-	
07/B4 BP		Buria.  INERAL DIRECTOR NAME				c Me	m. Gar	dens	Keyse  CD. BY REGISTR.	1	nera		
(VR A15 ME (5))	1	ATTE	1 KOT	ruck Key	vser. W.V	A.	F	AUU Z	1 1900	7 was	weed offine	1000	4

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Pies - wh 11 - up 28 5007 Fred D. hitzmiller, Jr. Concord, CA.

burial 15 Aug 85 Potomac Lam. Jardens dayser Macral 1.Va.

illen korruck kerser, .....

STATE OF MARYLAND SCARPELLI FUNERAL HOME RTMENT OF HEALTH AND MENTAL HEBIENE 108 VIRGINIA AVENUE CUMBERLAND, MD. 21502 CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) FRANCIS HARRY AUGUST 3, 1985 11:20A KOONTZ & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH 3 SEX 04-28-1915 white male 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? COUNTRY MARRIED X NEVER MARRIED USA WIDOWED ALLEGANY COUNTY O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! Cumberland Telephone Co. SACRED HEART HOSPITAL retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE

MD

130 COUNTY

Allegany

130 CITY OR TOWN Allegany 13e.STREET ADDRESS / ZIP CODE 513 B Street/21502 LaVale 13d INSIDE CITY LIMITS? YES TX 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME George Koontz Mary Breighner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO Mrs. Catherine H. McKenzie, LaVale, MD-wife 214-07-2013 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: month IMMEDIATE CAUSE (o). A DINSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram.

DHMH - 16 60M 7/B4 (VRA 15, 4)

RICHARD SNIDER. M.D. 23a BURIAL, CREMATION, REMOVAL

sow the deceased alive an\_

724 PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY

72e ADDRESS

Sunset Memorial Park

ATTENDING

PHYSICIAN

P.O. BOX 2455, CUMBERLAND, MD. 21502 Cumberland

STAFF

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

Allegany

24 FUNERAL DIRECTOR

Burial

77h SEGNATURE

James F. Scarpelli, Cumberland, MD 21502

08-06-1985

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MEDICAL

22c DATE SIGNED

FRANKSS

SOMBELLI EXTERNE HOLE

DR. RICHARD SMIDTE. E.T.

P. N. DOX ALEE CHEET AND FOR N. 2

state from balance and the

	STATE OF MARYLAN
75	DEPARTMENT OF HEALTH AND ME

D ENT OF HEALTH AND MENTAL HYCHENE CERTIFICATE OF DEATH

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	6.0		Call		-
					3. 5

238073	1	FOR STATE REGISTRAR			DEPARTA	EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.					
noy be page 3		CEASED NAME E OR PRINT)	ARL		MenKin	K	Roll	Pug	13	85	3 45 A M	
ige 4 mo	3. SE	Male				5. DATE O	27° 1908	6. AGE (IN YEARS LAST BI	YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
Junerol di nin 72 hon	Ne	COUNTRY Jersey	NEW A	U.S	WHAT COUNTRY?	WIDOWE		Allegany	MD.			
by the f	F	ostburg		Frost	ourg Villa	address)	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Doctor			of Business or	
filled in	13a Ma	AL RESIDENCE IN NURS STATE Aryland	13b COUN Alle		134 CITY OR TOW Cumberle	N . I	13d INSIDE CITY LIMITS?	Seneca Av	é ZIP CODE	1502		
ompletely on 0 2 s		Barnet			coll (AST		15 MOTHER'S MAIDEN NAM Rose	MIDDLE	Men	kin LAS	1	
on ond co	160	WAS DECEASED EVER		WED FORCES?	220-44-3L		Mr. Marvin K	roll Balt	imore,			
r the act th central of the central conditions of the cremation conditions of the cremation of the crematic events.		18 CAUSE OF DEAT PART I. DEATH W  Canditions, if ony, gove rise to immage (a), stating underlying couse	which nediote	DUE TO, O	or as a conseque	NOT OF	Lin Langue	sala do		3 m	UMATE INJERVAL ONSET AND DEATH	
on.  In the low requires that one of the lower signed by the been signed by the permit. Then pleast the prince to build. It was only injury, or at	CERTIFICATION	PART 2. OTHER SIGN	his	My	Moh		NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES, IN CERTIFY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO		
YSICIAN The ding physicio s certificate h burial-transit Mento Hygie r frem 18 sho	MEDICAL CERT	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (THE EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A	.M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	tand tand		Same?		
ING PHY office this as the b th and A	MED	214 INJURY OCCUR	RK R	(AT HOME ST	OF INJURY REET, FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE	
ox ATTEND e hospitat o DIRECTOR A oched for use Dept. of Hem f hem 21 is m	1	220.1 certify that (1) sow the decease abave, (1) (we) (c	ed alive an.	my.	23 19 1	JO, an	d that in (my) (our) opinion o	death occurred on the c	date and haur	and from the		
TO HOSPITAL Correctioned by the horest DIRE should be detected with the State Dep	-	226. PHYSICIAN'S NA	AME (TYPE	R PRINT)			ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STA		S 13	2)	
BP		BURIAL, CREMATION,		236 DATE 8/13/8			EMETERY OR CREMATORY LTG Crematory	234 LOCATION Smiths bu	rg Was	hington	n Maryland	
DHMH - 16 60M 7/84 (VRA 15, 4)		oals Funera	/ay	vice P	A. West	ernpoi	rt, Md. A JG 1	REC'D. BY REGISTRAF		RAR'S SIGNAT		

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Mark S Late	20.700		mF east!	and the		
\$0.04th	givi jamieli	75	banir	de K	Stable Co.	hon' in-
		A STREET		T1:0*		Jenue 6
siones l'es	MINI LIVER	nivis ve	73.6.	J= (E)	1100	yer

MONTH 2h HOUR 1985 5:50 AM IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 126, KIND OF BUSINESS OR INDUSTRY FRVIN 514 LOWELL AVE CUMBERLAND MD 10h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT COUNTY STATE 17r DATE SIGNED BMG 912 SETON DROVE CUMBERLAND, MD 21502 23d LOCATION COUNTY STATE

d b

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD

236. DATE

RICHARD SCHMITT, MD

230 BURIAL, CREMATION, REMOVAL

BURTAL

23c NAME OF CEMETERY OR CREMATORY

Jandelle Jandelle

LAWN MEMORIAL PARK LAVALE ALLEGANY MARYLAND

230583 ALLEY 2C INS SY SETON DETER CLARITUMN, MY 21502

injury, or other troumotic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR	Fil	m	G607	iten	1 8
	STATE		9/	10/85	rja	3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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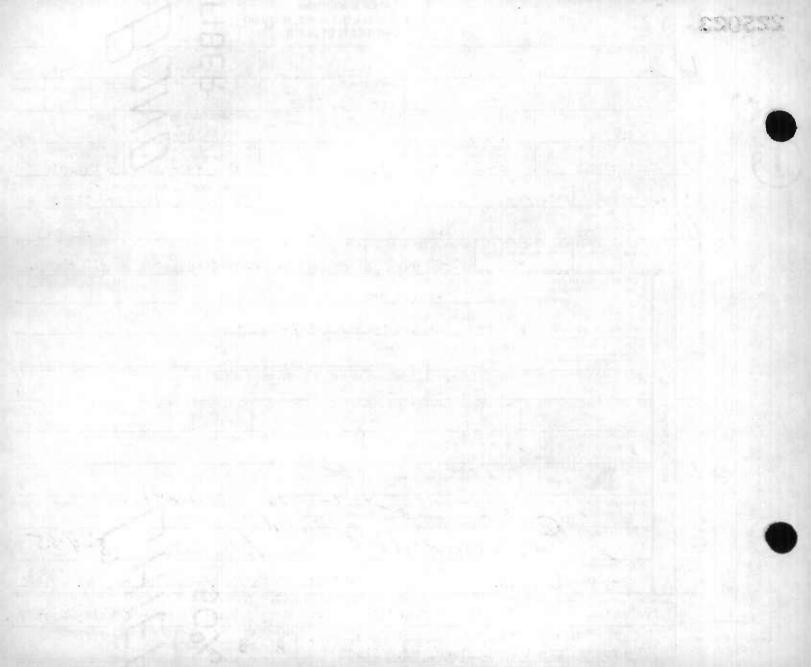
TO DECEASED NAME  PREST  MIDDLE  Clara H. Lavin  3. SEX  4. RACE  White  8/4/01  8. AGE (IN YEAR STREET ADDRESS)  MARKED  DIVORCED  TO STREET ADDRESS / ZIP CODE  13. STATE  MARYLAND  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  13. STATE  MARYLAND  14. FATHER'S NAME  WILLIAM  MONING  MARYLAND  15. MARGOR (IN YEAR)  MARKED  MA
Clara H. Lavin  8/13/85  12;55p  3. SEX  4 RACE  5. DATE OF BIRTH  80/4/01  80. 84  76. BIRTHPLACE (STATE OF FOREIGN OF WHAT COUNTRY?)  MARYLAND  10. CITY OR TOWN OF DEATH  Frostburg  Frostburg  Frostburg  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Frostburg  12. USUAL OCCUPATION  (IF NOT INSUCHFACILITY, GIVE STREET ADDRESS)  Frostburg  13. STATE  14. STATE  15. MOTHER'S MAIDEN NAME  16. MODIE  17. INFORMANT  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  17. INFORMANT  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH IENTER ONLY ON SET AND DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. CAUSE OF DEATH  18. C
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MARYLAND  United States   Moderate   Moderat
MARYLAND  United States   MIDOWED   DIVORCED   Alleg. County   MEDICAL COUNTY   MARYLAND   MARYLAND   ALLEGANY   FROSTBURG   MARYLAND   ALLEGANY   FROSTBURG   MARYLAND   MARYLAND   MARYLAND   MARYLAND   ALLEGANY   MICHAELS   MARYLAND   MARYLAND   MICHAELS   MARYLAND   MICHAELS   MARYLAND   MICHAELS   MIDDLE   MIDL
Frostburg Frostburg Community Hospital Housewife Own Home  Sual residence if nursing home or other institution, one was easy as a county of the prosting of th
DSUAL RESIDENCE LIP NURSING HOME OR OTHER INSTITUTION OF THE ADMISSION   134. INSIDE CITY LIMITS?   13e. STREET ADDRESS / ZIP CODE   1 Kaylor Circle   2/5 3 2   14 FATHER'S NAME   15 MOTHER'S MAIDEN NAME   15 MOTHER'S MAIDEN NAME   160. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT   ADDIFICOSTBURG, MD   NO   N. A.   213 09 9876   MR. DALE LAVIN, RT 3, BOX 398,   18 CAUSE OF DEATH LENER ONLY ON OR OWN AND COUSE PER LIDER OF TO TO THE OWN OF THE OWN
MARYLAND ALLEGANY FROSTBURG  13d. INSIDE CITY LIMITS? 12d. STREET ADDRESS. ZIP CODE 14. FATHER'S NAME WILLIAM HENRY MICHAELS 15. MOTHER'S MAIDEN NAME WILLIAM HENRY MICHAELS ANNIE  PARKER  16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (MES. NO OR UNKNOWN) NO  17. INFORMANT ADDIFROSTBURG, MD NO  18. CAUSE OF DEATH (Enter only one couse per lipe for (o), 16 and 1c.  PART I. DEATH WAS CAUSED BY.  APPROXIMATE INTERVAL  RETWEEN ONSET AND DEATH  RETWEEN ONSET AND DEATH
If FATHER'S NAME WILLIAM HENRY MICHAELS  Is MOTHER'S MAIDEN NAME WILLIAM HENRY MICHAELS  If MOTHER'S MAIDEN NAME ANNIE  PARKER  If WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  NO  IF YES, GIVE WAR OR DATES)  213 09 9876 MR. DALE LAVIN, RT 3, BOX 398.  Is CAUSE OF DEATH (Enter only one couse per lipe for 10), If Ond IC PART I. DEATH WAS CAUSED BY.  PART I. DEATH WAS CAUSED BY.
WILLIAM HENRY MICHAELS ANNIE PARKER  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  NO N. A. 213 09 9876 MR. DALE LAVIN, RT 3, BOX 398,  18. CAUSE OF DEATH (Enter only one couse per liperfor (o), 15 and (c) PART I. DEATH WAS CAUSED BY.
NO N.A. 213 09 9876 MR. DALE LAVIN, RT 3, BOX 398.  18. CAUSE OF DEATH (Enter only one couse per lighter to), the ond ic.  PART I. DEATH WAS CAUSED BY.  ORDERATE  ORD
NO N.A. 213 09 9876 MR. DALE LAVIN, RT 3, BOX 398.  18. CAUSE OF DEATH (Enter only one couse per lighter to), the ond ic.  PART I. DEATH WAS CAUSED BY.  ORDERATE  ORD
PART I. DEATH WAS CAUSED BY.
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (O). I ACT I CAUSE (I)
DUE TO, OR AS A CONSEQUENCE OF A A D A D D D
Conditions, if any, which ( Conceptate Con Realist There are
gove rise to immediate couse (a), stating the DUE TO APIS AGAINSTANCE OF
underlying couse lost.
PART 2 OTHER SIGNAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JURIAN ALD DISEASE OR CONDITION GIVEN IN PART 110
[ [Almal Scilyron (An- on Ema)
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 ACTOPSY? 1200 IF YES, WERE FINDINGS USED
IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
A SA
THE STRUEGO MOTHER MEDICAL EXAMINED. P. M.
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION
US (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (IAT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STATE
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. NOT WHILE AND NOT WHIL
CITY OR TOWN   COUNTY   STATE
If EITHER NOTIFY MEDICAL EXAMINER)   P.M.   19
(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  220. I certify that (I) (this hospital) attended the deceased from
(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK  22a.1 certify that (1) (this hospital) attended the deceased from 19 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 11 in (my) (our) apinion death accurred on the date and hour and from the causes stated 12 in 19
County   C
STATE
County   C
(IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  21d. INJURY OCCURRED  21d. INJURY OCCURRED

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

225023		FOR STATE REGISTRAR			DEPARTA	MENT OF H	EALTH AND MENTA		6 2 REG. N	0.	2 9	0
moy be	1	DECEASED NAME TYPE OR PRINTS	William	1 ]	MIDDLE			6.			AY YEAR  IF UNDER 1 YEAR  ONTHS   DAY:	
seath. Page 4	1	COUNTRY) Illinois	RTHPLACE (STATE OR FOREIGN 7b. COUNTRY)		WHAT COUNTRY?	March 21, 1902  MARRIED AND NEVER MARRIED MIDOWED DIVORCED			83 YRS 9. BALTIMORE CITY OR COUNTY OF DE			MD.
1)	3	Cumberlas	nd NURSING HOME OR	Sacred	CHEACHITY, GIVE STREET  Heart Ho	ADDRESS  OSPITA ADMISSION		(1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND  Sales Rep-American  130.STREET ADDRESS / ZIP CODE			
ed with 11.20 mpletel, 111.00 examin	1	Maryland FATHER'S NAME FIRST Willia			LaVale  LAST  Lux	N	13d. INSIDE CITY LIM YES NO [ 15. MOTHER'S MAID FIRST Clara	DEN NAME	726 Valle			21502 nknown)
cian and careers. Pages 1	16	WAS DECEASED E (YES, NO OR UNKNOW) NO	VER IN U.S. AR	WAR OR DATES)	492-03-44	102	Florence (		ADDR x-Address		as #13	
equires that the death certifical is signed by the attending phys. Then please remove carban papt to burial, cremation, or remove niury, or other traumatic event,		Conditions, if gove rise to couse (a), underlying a	ony, which immediate stating the ause last.	DUE TO, C	DR AS A CONSEQUE	NCE OF	cest cardial In			IDITION GIVI	EN IN PART	lio
N. The law re systean. coste has been consit permit. I Hygiene prior 18 shows any ii		19a DATE OF OF			196 CONDITION FOR WHICH OPERATION			10N WAS PERFORMED 20H YE 21c HOW INJURY OCCURRED (1		YES NOW YES		DINGS USED ES OF DEATH? NO
TENDING PHYSICIAN and or attending physician or attending physician area or see so the buriol-troid fleelith and Mental Hy is marked or Item 18		OR CONTRIBUTING (IF EITHER, NOTIFY)  21d INJURY OC  WHILE AT WORK  22a.1 certify the	CAUSE OF DEA MEDICAL EXAMINER CURRED OT WHILE	21e. PLACE (AT HOME, S	.M. OF INJURY IREET, FACTORY, OFFICE, F	19 ARM, ETC }	211 LOCATION STREET  7, 19 d that in (my) (our) o	76	CHY OR TO	all 1	COUNTY	STATE  ., that (I) (we) lost
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIFFICATION WITH HE STORE DEPT. WITH THE STORE DEPT. OF WHEN TANK! If them 2	/	226. SIGNATUR	foras	one	mp fin	U.Ve	27e ADDRESS 925 Bisho	IAN DO	MEDICAL STA IRECTOR PHYSIC	CIAN	8-	1. 21502
BP		o Burial, CREMAT	on, removal	23b DATE 8/5/8	B5 Ros	sedale	EMETERY OR CREMA	Chape				A 612
DHMH - 16 50M 4/83 (VRA 15, 4)	24	202 Gree	™ George ne Stree	-Upchu: et-Cumb	rch Funera	1 Hon	ne, P.A. <sup>2</sup>	AUG	8 1985	ZSB REGISTS	URS SIGN	ATURE



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
PITAL OR ATTE	PPTALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deat I by the hospital or attending physician.	deot
DERAL DIRECTO	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed 4 the	8.3

256005	1-	FOR SCARPELLI FU STATE 108 VIRGINIA REGISTRAR CUMBERLAN	UNERAL HOME DEPARTA A AVENUE ND. MD. 21502	ENT OF	E OF MARYLAND HEALTH AND MENTAL HYG HICATE OF DEATH	REG. NO	1 2	9	1		
. e.e	1. DEC	CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
moy be poge 3 er deoth		MAE			ERITA	AUGUST	31,19		10:48 <sub>M</sub>		
ge 4 mc	3. SE)	Female	White	Feb	DF BIRTH  11, DAY 1911 PAR	6 AGE (IN YEARS LAST BIRT	YRS IF	UNDER I YEAR	IF UNDER 24 HRS		
et. ( Bill)		RTHPLACE (STATE OR FOREIGN 7 OUNTRY) taly	USA	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ALLEGAN		Y OF DEATH			
s offer d	San		1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SACRED HEART HOS	DDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		INDUSTRY	of business or wn Home		
24 hour	13a. S	TATE 13 COUNT	other institution give residence before I3c CITY or Town Ridgeley	ADMISSION)	136 INSIDE CITY LIMITS?	39 Bridge	ZIP CODE St.	26753	199		
mpletely and 2 sh	14 FA	THER'S NAME Louis Raso	IDDLE LAST	LAST IS MOTHER'S MAIDEN NAM				LAS	i		
xecute and col		VAS DECEASED EVER IN U.S. ARM	NED FORCES? 16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	-5			
Pogo Pog	(1	ES NO OR UNKNOWN) (IF YES, GIVE	820-01-47	Mrs. Patsy J	enkins, Rid	lgeley,					
physicia physicia propers provol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1/04					BETWEEN	MATE INTERVAL ONSET AND DEATH		
ot the deoth ce y the ottending se remove carb cremotion, or n		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF									
requires the sen signed to the pleo or to buriol, y injury, or or	NOIL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
The low	CERTIFICATION			OPERATIO		YES NO	IN CERTIFYI YES	NG CAUSES	NGS USED OF DEATH?		
SICIAN: It ag physici certificate certificate criol-trons; entol Hygi item 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	OR PART 2)			
JG PHYS ottendir ter this c is the bu h and Me	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE		
TTENDIN pitol or STOR: Af for use o of Health		22a   certify that (I) (this hospital sow the deceased alive on above, (I) (well (did) (did not)	ol) ottended the deceosed from	. 0	nd that in (my) (our) opinion o	, to death accurred on the do	te and hour o		that (I) (we) lost couses stated		
AL OR A the hos AL DIREC detoched bite Dept. T. If Hem		226. SIGNATURE	u Au	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		220 DATE	SIGNED 2-45		
O HOSPITAL etoined by th TO FUNERAL should be der with the State	E.	22d. PHYSICIAN'S NAME (TYPEOR) BRADDOCK MEDIC	0		912 SETON DR				150000		
0 = 0 = 5	23a B		23b. DATE 23c N		CEMETERY OR CREMATORY ys Cemetery	23d LOCATION CITY OF TOWN Cumberla		OUNTY	STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NAMEJAMES F. SC	arpelli, Cumberl			REC'D BY REGISTRAR					

HAPPERSON TIMEN CORNER MARTINING

922 SETON DRIFT CLERPFLAND, NO. 21502

DHMH - 16 60M 7/E

(VRA 15, 4)

## SCARPELLI FUNERAL HOME

STATE OF MARYLAND

108 VIRGINIA AVENUE DEPARTMENT OF HEALTH AND MENTAL HIT GIERE

		REGISTRAR CUMBE	ERLAN	ID, MD 2	1502	CERTIFI	CAIL OI DEA		REG. NO	D.				
		EASED NAME	FIRST	N	AIDDLE	L	AST		2e. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
	TIANE	OR PRINT)	5	The Control	NMI	M	RKER	200	AUGUST 3			3:15P M		
	1 SEX		43.73	4. RACE		5. DATE C		WE . D	6. AGE (IN YEARS LAST BIR	HDAY)	MONTHS DAYS	HOURS MIN.		
1		male		whit	te	HINOM O	6-30-1909	YEAR	76	YRS.		HOURS MIN.		
h		RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARI	DIED 🗆	9 BALTIMORE CITY O	R COUNTY	OFDEATH			
ď.		WV	i di S	USA		WIDOWE	D DIVOR	CED	ALLEGANY COUNTY,					
2		ty or town of DEATH		11. NAME OF HOSPITAL, NURSING HO JIF NOT IN SUCHFACILITY, GIVE STREET ADDRES SACRED HEART H				ION	OTIVET/Sal	F WORKING LI	VATSHAIN	k foods		
21		AL RESIDENCE (IF NURSING	GHOME OR		13c. CITY OR TOW		13d INSIDE CITY L	IMITS?	13e.STREET ADDRESS	ZIP CODE				
19		MD	All	egany	Cumberl	and	YES X NO		14 Long	Drive	/21502			
1)	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NA						
1				. Marke:			FIRST	Len	a Parker		LA	121		
1					16b SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS				
		ES NO OR UNKNOWN)	MM	T T	217-10-	-6770	Mrs. Mile	dred	D. Marker,	Cumbe	rland.	MD-wife		
		18 CAUSE OF DEATH					/	7	0			XIMATE INTERVAL		
		PART I. DEATH WA	S CAUSE	D BY.	Carci		ma of	+ +	he Stome	ach	3	mo		
3			***************************************		R AS A CONSEQUE	NCE OF								
Н		Conditions, if any,	which	(	CAS A CONSEQUE	NCE OF								
- 14		gave rise to imme	diote	(b)	179				200	_				
	7.0	cause (a), stating underlying cause	last	DUE TO, OF	R AS A CONSEQUE	NCE OF					11 - 5			
				(c)		C 4 711 B117								
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10												
1	CERTIFICATION	19a. DATE OF OPERATION	NC	19b CONDI	TION FOR WHICH	PERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YE	S, WERE FIND	NGS USED		
p	F			36 6	U				YES NO NO YES			S OF DEATH?		
/	ERT	21a. ACCIDENT WAS UNDER	PLYING [	21b. TIME O	F IN II IRY		121, HOW IN HIP	COCCUPE	RED (ENTER NATURE OF INJUR			NO [		
4	AL C	OR CONTRIBUTING CA	_		M. MONTH DA	Y YEAR		LEWISK WEIGHT OF HADO	CT HATTEM TO	AR 1 ( ) ( ) ( ) ( )				
1		(IF EITHER NOTIFY MEDICA		P.M. 21e. PLACE OF INJURY			411 1 2 3 1 1 1 1 1							
	WEDIC	214 INJURY OCCURRE			OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE		
		NOT WHILE				1			4					
	E.	22a.1 certify that (1) (t		Alm a		Hug	3	985	to the	3	19 75	that (I) (we) last		
-01		the deceased	olive an	Mrs. thebody	ofter death	r5 yan	d that in (my) (our	) opinian o	death occurred on the do	ite and hav	or and fram the	causes stated		
		178 S GNATURE		1)	.0	[	DEGREE				22c. DATI	ESIGNED		
		Toul	1. 7	wenes	mi	)	ATTEN	IDING	MEDICAL STAF		8-4	-83		
1		22d. PHYSICIAN'S NAM	AE (IMSO	(Pilpit)	7.13		22e ADDRESS							
		V FUGENI	F MA	zzocco.	M.D.		BMG-91	2 SE	TON DRIVE,	CUMBE	RLAND.	MD21502		
	23a B	URIAL, CREMATION, RE				IAME OF C	EMETERY OR CREA		23d LOCATION					
	(	Burial		08-06	1985 5+	Ach	by Comot	2014	Ft. Ashh		Mineral	L		
	24 FL	INERAL DIRECTOR		1 00-00	-1707   [	HSI_	by Cemet	250 DATE	F REC'D BY REGISTRAR					
4	-	NAME		1. 0	ADDRESS	MD		AUL	09 1985					
		ames F. Sca	irpel	11, Cum	herland,	MD			09 1985	Julia.	Davidson	70		
									* ****	1	whole low	-Mandago		

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ENGLADO SERON DERVE, CHMERUANT, NO 21502

Manager Control . However, M. I.

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242120	1.	FOR MARKWOOD FU STATE REGISTRAR 11 MINER		YSER, W.	MENT OF		REG. NO		) 0
n - m -		CEASED NAME FIRST OR PRINT)		MIDDLE	140	LAST	2a DATE OF DEATH		YEAR 26 HOUR
y be		MELVIN GILBERT			MCBEE		AUGUST 15,1		6:48 P <sub>M</sub>
ge 4 mo	3. SE	Male			5 DATE				DAYS HOURS MIN.
nerol dir		RTHPLACE (STATE OR FOREIGN OUNTRY) W. Va.	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY MD.		
offer d	1	TY OR TOWN OF DEATH  Cumberland	SACRED HEART		HOSPITAL		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Carpenter	WORKING LIFE) INDL	MIND OF BUSINESS OR USTRY The Mill
filled in	130 S	Taryland Al	or other institution, give residence before unity 13t. City or town 11cology McCoole		Ν	134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP CODE 625 N. Main Street 21562		
MARY ond 2 s	14. 17	THER'S NAME FIRST Russell	MIDDLE	McBee		15. MOTHER'S MAIDEN NA FIRST Agatha	MIDDLE		UNK.
on ond come of the state of the		VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES G			Mr. Ronald (			le, Md. 20 <b>9</b> 5 nd Drive	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR ING PHYSICIAN: The law requires that the death certificate be exert a catending physician.  Wher this certificate has been signed by the attending physician and os the burial-transit permit. Then please remove corbanapapers. Page this and Mental Hygiene prior to burial, cremation, or removal. arked or them 18 shows any injury, or other traumatic event, the medician arked or them 18 shows any injury, or other traumatic event, the medician	CERTIFICATION	DUE TO, OR AS A CONSIDERCE DE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEDERCE DE CONSIDERCE DE COUSE (O), Stating the underlying couse lost.  DUE TO, OR AS A CONSEDERCE DE CONSIDERCE DE COUSE (O), STATING CONSTITUTION CONSTITUTION OF AS A CONSEDERCE DE CON							
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TO HOSPITAL OR ATTENDI reformed by the hospital or TO FUNERAL DIRECTOR: a should be detoched for use with the Store Dept. of Heal IMPORTANT: If Nem 21 is m		272.1 certify that (1) (this hospital) attended the deceased from							
	236. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN							COUNT	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAS HYGJENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN [ 2b. HOUR (TYPE OR PRINT) McClellan Taylor James 1708 DEATH MATED 20 11:00 1 SEX 4 RACE IF UNDER 1 YR. 71 CUR IF UNDER 24 HRS DATE YEAR PRONOUNCED male white 08 20 17 1932 09 DEAD 52 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED TO Maryland United States WIDOWED [ Allegany County, 10. CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS Mont gome Typuste o Cumberland Sacred Heart Hospital Liquor Control SUAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Kensington NO X 3715 Nimitz Road 20895 Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE McClellan McKenzie Robert Edward Ethel Marie WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17. INFORMANT ADDRESSSame as item #13 LIFYES GIVE WAR OR DATEST 215-26-6607 Mrs. Guindalina Gagnon, Daughter. Korea Yes CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH MYOCARDIAL INFARCTION, PROBABLE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CORONARY ARTERY DISEASE gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CARLITING THE CENTERCATE WRITING THE CARLOCATE, WRITING THE CARLOCATE, WAS SHOULD BE FORWARDED TO THE CHORNEAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF SATE OF STATE DEPARTMENT OF SATE YES [] 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. JENTER NATURE OF INJURY IN ITEM 18 PART 1'OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Notural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME Giovanni Mastrangelo, M:D. 900 Seton Drive, Cumberland, Md. 21502 230 BURIAL, CREMATION, REMOVAL 236. DATE August 23d. LOCATION 23c, NAME OF CEMETERY OR CREMATORY STATE Burial 24, 1985 Parklawn Memorial Park Rockville BP Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Homes. **DHMH** - 17 me Hendson-Handelle (VR A15 ME (5)) Rockville, Maryland

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	1 DE	CEASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DEAT	G. NO.	DAY YEAR I	2b HOUR
· m=	(TYPE	OR PRINT)	,		1	5	1. 0.	20. DATE OF DEAT			75 HOUR
e 4 may be ctar, page 3 s after death			5/84	/	4.	mc	GRAW, Or.	1.405		4-85	P
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fied with	10. CI	TY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a. USUAL OCCU		12b. KIND OF INDUSTRY	BUSINESS O
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2 E 2 A	USU/	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	N, GIVE RESIDENCE BEI	ORE ADMISSION)	134 INSIDE CITY LIMITS				
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· · · · · · · · · · · · · · · · · · ·	14. FA	THERS NAME		MEDIE	LAST		15. MOTHER'S MAIDEN	NAME			
2 13/1//		Amos		_	McGra	Tar.	Sarah		**	Yor	k
3 37 37		VAS DECEASED EVER			THE SOCIAL SE		17. INFORMANT	Al	DDRESS 206		
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ATT ATT Output of to t. of		above, (I) (wn) I	did) (didino	ti few the bod	y ofter death.		ng that in (my) (our) opini	un seum uccyenta un n	ne date and nour	god from the co	ivines stated
A Doctor		275 SIGNATURE	To	11.	1		ATTENDING	- ADICAI	STAFF	11/2	122-
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E	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE	2:	NAME OF	EMETERY OR CREMATOR	23d. LOCATION	IN	COUNTY	STATE
BP	E	Burial		8/27/	85 H	illcre	st Burial Pa	rk Cumberla	and-Alle	gany-Ma:	ryland
DHMH - 16 50M 4/82	24 FL	INERAL DIRECTOR	Georg	e-Upchu	rch Fune	ral Ho	me, P.A. 25a. D	APPER BEN	MITS. REGISTR	RAR'S SIGNATU	RE
(VRA 15, 4)	21	02 Greene	Stree	t-Cumbe	rland, 1	Marylar	d 21502		0	- CANTON PA	-Handele

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NOGIENE

BURDOCK FUNERAL HOME

P.O. BOX 523

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(VRA 15, 4)

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Contract Contract

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STATE OF MARYLAND

FOR STATE REGISTRAR

1. DECEASED NAME

[TYPE OR PRINT]

3. SEX

FIRST

Josephine 4. RACE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

Miller

MIDDLE

NMI

Cin	-	ن	U	0
REG. NO.				

26 HOUR

1:55Am

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20 DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

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PITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Fage 4 m by the haspital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physical mid armitistic filled in by the funeral director. e detached for use as the burial-transit permit. Then please remove carbon populationer, mid 2 mould be filled within 72 hours after State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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BP\_\_\_ DHMH - 16

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

			MONTH DAY YEAR		MONTHS DAYS HOURS MIN
00	Female	White	9 27 07	77 YRS.	
31 70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
7/	United States	United States	WIDOWED X DIVORCED	Allegany Count	V
9 10	CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS O
5/		(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING LIF	Own Home
72 11	Frostburg	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	mmunity Hospital	MODE Maker	OWIT TOME
26 I3	le STATE 136 CO	UNTY 13t CITY OR TOW		13e.STREET ADDRESS / ZIP CODE	
	Maryland Al	legany Frostbu		160 Maple Stre	et. 21532
YAY.	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	IAST
HUV	James	O. Small	Mary		mons
160	WAS DECEASED EVER IN U.S.		RITY NO. 17 INFORMANT	ADDRES 58	Maple St.
1		GIVE WAR OR DATES)	7610 Eugene Mille	er, Frostburg, Md	
1 -	No	213-64-		21, 1100 courgy 122	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAU	only one cause per line far (a), (b), and (SED BY:	10 11.1.1 - 1	In Page	BETWEEN ONSET AND DEATH
	IMMED	IATE CAUSE (a) Canal	co versprooting	700000	10 days
		DUE TO, OR AS A CONSEQUE	NCE OF	1	0
	Conditions, if any, which	( b) Conge	some theent	tailme.	
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF " A D . 3/		
	underlying cause last.	( Aylul	The Carrio V	alulus Di Sens	2
	PART OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION ON	EN IN PART 1 In
2	Carcinan	& Riffel Preas	with Dic. 6	linary freet d	rfection "
	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
				YES NO YE	YING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2)r HOW IN IURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	
		LICINO A M. MONITH DA	Y YEAR	( ENTER INVIOLE OF PRODUCT OF THE PARTY IN	ant i war ant at
1 3	LIF EITHER NOTIFY MEDICAL EXAMI		19		
1	21d. INJURY OCCURRED	21e PLACE OF INJURY  (AT HOME STREET FACTORY OFFICE F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK			01-	0:1-
	22a L certify that (1) (this ha	spital) attended the deceased fram	7/2-1985		19.55 that (h (we) lo
	saw the deceased alive	an 19 8 19 8 nat view the body after death.	and that in (my) (aur) apinion	death occurred an the date and hou	r and fram the causes stated
	22b. SIGNATURE -	nati view the body after death.	DEGREE	-	22c. DATE SIGNED
		( Jan dlas)	ATTENDING	MEDICAL STAFF	8/6/85
+	22d. PHYSICIAN'S NAME LITTE	PE OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1-1-100
/				<b></b>	MD 01500
1		andhir		<u>ace K&amp;X Frostburg</u>	, MD 21532
23	BURIAL, CREMATION, REMOV		IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
	Burial	Aug.7,1985 Fr	ostburg Mem. Park		
/B4 24	FUNERAL DIRECTOR	APPAGE		TE REC'D. BY REGISTRAR 256. REGIST	
	Durst Funeral	Home, Frostburg,	Md. 21532 AUG	UY 1985. Sulia Da	vidson-Randall
				9	

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE CERTIFICATE OF DEATH

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ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN: The low requires that the death conficute in executed within 24 hours after death. Fage 4 may be e haspital or ottending physician.	DIRECTOR: After this certificate has been signed by the attend to the completely filled in by the funeral director, page 3 sched for use as the burial-transit permit. Then please remove can be made in a shall be filled within 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN: The low requires that is hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending sched for use as the burial-transit permit. Then please remove can

	United and co	vent, the medical	1
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sician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the should be detected for use as the buriel transit permit. Then please remove can enough the beautiful to the please remove can enough the beautiful to the beautiful tof the beautiful to the beautiful to the beautiful to the beautifu	with the State Dept. of negating and weitten hygietie prior to barron, cremation, a IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical	9
retained by the hospital or offending physician.	se as the burial tro	marked ar Hem 18	9
d by the hospital	VERAL DIRECTOR	TANT: If Item 21 is	1
P. retained	TO FUN	IMPORT	
MH (V	- 16 60 'RA 15,	M 7/ 4)	B4

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DHMH - 16 60M 7/B4
(VRA 15, 4)

	WE O TO T WATER							REG. NO.						
	DECEASED NAME	JOHN		NDALLS		MONGOLD		August 12, 19		YEAR	2b. HOU	00		
3.	SEX		4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	-	UNDER 1 YEAR	IF UNDER	D M		
1	male		white		MONTH 06	-03-1905	YEAR -	80 <sub>Y</sub>	RS MOI	NIHS DAYS	HOURS	MIN.		
7	D. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARK	DIED 🗆	9 BALTIMORE CITY OR COU	NTYO	FDEATH				
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10	Cumberlan		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET MOTIAL		OR OTHER INSTITUT	ION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE)	126. KIND C	Mainte	enance		
- U	SUAL RESIDENCE (IF N				ADMISSIONI			retired		City o	it Cum	<u>perla</u> r		
5	30 STATE MD	136 COU		13c city or tow Cumber.	N	13d INSIDE CITY L YES 🏹 NO	IMITS?	13e.STREET ADDRESS / ZIP C 915 Glenwood	PŠt	reet/	21502	2		
1	14 FATHER'S NAME FIRST  Jacob Mongold  15. MOTHER'S MAIDEN NAME FIRST  Mary Ellen Radcliff									LAST .				
16	(YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SECU		17 INFORMANT	1 100	ADDRESS				44		
	no	(11-123, 01	VE WAR OR DATES]	214-05-	9141	Mrs. Mar	ie Mo	ngold, Cumberl	.and	, MD .	- wif	fe		
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7	19a DATE OF OPER	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, W									AGS USER	)		
			200					YES TO NOT	RTIFYIN	NG CAUSES	OF DEAT			
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	(IF EITHER, NOTIFY M				19									
	(IF EITHER, NOTIFY M		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE, F.	ARM ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	S	TATE		
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	22a. I certify that				1	18 , 19	87	_, to	, 19.	BJ.	those (V	we) lost		
		osed olive or <del>(did)</del> (did no	ot) view the body	ofter death.	S., di	d that in (a) (our)	opinion d	eath occurred on the date and	hour a	nd from the	couses sto	ted		
	22b. SIGNATURE	1.		1 10	[	DEGREE				22 GAT.	SIGNED			
		DU	end	1 alles	1	PHYS	IDING ICIAN	DIRECTOR PHYSICIAN		0/1	3/2	DE		
	Des Not		OR PRINT)		- 4:	22e ADDRESS	500 M	lemorial Ave. N	1emc	rial l	Med.	B1ds		
	Dr. Nat	nan				SALES IN	Cumbe	erland, MD 2150	)2					
23	a. BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREM		23d LOCATION CITY OR TOWN		0.00	111	Y . Y C		
L	Burial	State of the state	08-15	-1985 S	unset	Memorial	Park	Cumberland	Al	legany	y ME	TATE		
24	FUNERAL DIRECTOR			ADDRESS			25a. DATE	REC'D. BY REGISTRAR 256. REC	GISTRAI	R'S SIGNATI	URE			
	James F.	Scarpe	lli, Cum	berland.	MD 2	1502	AUG	1. 5 1985 Jul	ia De	widson-	Mande	سالا		
							-		-					

		CEASED NAME KEYSER,	ATIA O LIVEREN	CERTIFICA	TE OF DEATH	REG. NO	O. MONTH DA	AY YEAR	12b HOUR
ar death	{TYP	E OR PRINT) MABI	EL VIRGINIA	MOYER		0	8 14	85	2:30 R.M
0	3. SE	X	4. RACE	5. DATE OF BI	RTH	6. AGE   IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
		Female	White	Aug 1	2, 1911	74	YRS	DAYS	HOURS MIN.
	70. B	IRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIED WIDOWED	NEVER MARRIED				MD.
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d 2 should by	13a.	STATE 13b. COL	OR OTHER MISTITUTION GIVE RESIDENCE BEFORMY  ISC. CITY OR TOVE  PIEDMO  MIDDLE  LAST	nt 13d.	INSIDE CITY LIMITS?  S NO  MOTHER'S MAIDEN N	13e STREET ADDRESS / E. Hamps AME	zip code hire	Rt 4 Ext.)	Keyşer (26750
l on		Guy S.	North		Ora	_	Bar	rick	
- Poges		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)  216059		homas F.	Moyer Rt		yser.	W. Ba.
ote tem il, cremo r other tr		gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF	28 Aut.	00,6			
it permit. Then ple liene prior to burio nows ony injury, o	TIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	NGS USED
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enteres Thomas F. Agyer, at L Leyser, Wa.

Female haite aug 12, 1911 P. Th.

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STATE OF MARYLAND 228041 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 70 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE 2b. HOUR (TYPE OR PRINT) MURNIE MOYERS 1985 August 4 4. RACE 5. DATE OF BIRTH 6 AGE UN YEARS LAST BIRTHDAY! 3 SEX White Female TO BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED Allegany DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland. Memorial Hospital Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE Grant 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Cabins YES [ NO-F3 Box THER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Iva MIDDLE LAST Reed Arlie Ree! Oscar ADDRESS 14m WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) Bernadine Movers 215-20-6174 Cabins, WV 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF HEMORRYACE ASTRO INTEST INAL Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210 ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. ē 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an \_\_\_\_\_\_\_G above (1) we) (did) (did not) view the bady alter death ond that in (my) (our) opinian death occurred on the date and hour and from the couses stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) Dr. William W. Mark 925 Bishop Walsh Road, Cumberland, Md. 21502 23d LOCATION 230 BURIAL CREMATION REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY Cabins, (SPECIFY) WVa Reel Family Cemetery Grant Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 AUG (VRA 15, 4)

	234058	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 SHOWN AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
		1. DE	CEASED NAME	FIRST		WIDDIE		LAST	20	DATE KNOW OF ESTI-	N X MONT	H DAY Y	EAR 26. HOUR
	ET, ET,			Bonnie	e	Jean	N	oland		DEATH MATE	0 0 8.	/ 12/19	85 <sub>M</sub>
	PLEASE ECTOR. FILES. HOURS	3 SE	(	4. RACE	5. DATE OF BIRTH			NDER 1 YR. IF UND	DER 24 HRS. 20	DATE	MONTE	1 DAY	YEAR 124 HOUR 10:42
	POLEN.	fe	emale	white	04-23-1		31 YRS.	THIS DATS HOURS	MIN F	DEAD	8.	/ 12/19	85 A M
6	ESSA RALL RALL RESIDENT		RTHPLACE (STA	ATE OR	76. CITIZEN OF WI	HAT COUNTRY	? 8. MAR	RIED X NEVER MA	RRIED 9	BALTIMORE CI	TY OR COU	NTY OF DEAT	Н
	S NECESSARY, E FUNERAL DIR E 5 FOR YOUR D, WITHIN 72		MD			JSA	WIDO		RCED [	Allegany	Coun	ty,	MD
	OTHE P PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAG	10. C	TY OR TOWN O		11. NAME OF HOS  (# NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	HER INSTITUTION	FOR MO	LOCCUPATION ST OF WORKING LIFE auticiar	)	OR IND	of Business bustry ty Salon
	MD. 21201  LIF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 5. SHOULD BE FILED, WITHIN 72 HOURS LIRECORDS, 201 W PRESTON STREET,		AL RESIDENCE ( TATE  MD	136 COUN	PROTHER INSTITUTION, GI TY EQANY	VE RESIDENCE BEFO	TOWN	13d. INSIDE CITY LIMITS	13e. STREE	T ADDRESS		2156	5
	O = 7.6.	14. F.	ATHER'S NAME	1	MIDDLE		OVVII	15. MOTHER'S MA	A		-12		
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	MOR SS1-A-SCE NO SS1-A-SCE	16a. \		EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		rtis Sa	RESS		
	A SACH		no	(# 123, 0)	WAR OR DAILS)	216-6	6-0547	Mr. Don	ald C.	Noland,	Jr.,0	ldtown	, MD
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	1 T Z Z Z Z Z Z	1	911	and the	re CAUSE (a)			ple Injur	ries				
	EST IN IN I		Condition	s, if any, which	DUE TO, OR	AS A CONSEC	DUENCE OF						
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	CUTED VIN PEI		lying cous		(c)	AS A CONSEC							
	DIVISION OF VITAL RECORDS, 201 W. PREST S CRTIFICATE SHOULD BE EXECUTED WITHIN STRING THE WORD "PENDING". IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER AL 25 SHOULD BE USED AS A BURIAL. TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HYO OF RIOR TO BURIAL, CREMATION, OR REMO	NO	PART 2 OTHER SIG	NIFICANT CONDITIONS (	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 to				
	VILE A	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHI	CH OPERATION \	VAS PERFORMED?				20 AUTO	OPSY?
	VIT OR CHARLES	_ E										YES	X NO □
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN PEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN IT PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALD FOUND BE PORKWARDED TO THE CHIEF MEDICAL EXAMINER ALD FOUND BE DESPARABLED TO THE CHIEF MEDICAL EXAMINER AND FOUND BE USED AS A BURIAL TRANSIT THE AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGHE BATTIMORE, MARYTAND, 2)207 PRIOR TO BURIAL, CREMATION, OR REMOVA	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED  NOT WHILE X  AT WORK	21e. PLACE ( STREET, FACT Y	OF INJURY (A TORY, FARM, ETC.) COADWAY		STREET Oldt		llegany	Co., 1	Md.	STATE
	A PER		22a 1 certify	y that I taak charge	e of the remains des	cribed abave, h	eld an Auta	osy X, Inspec	tran .	Inquiry ,	and in my	apinian	
	MINITED BE	17	death resulte	d fram: Natur	al gauses	Accident X	Suicide _	, Hamicide	. Undeterr	nined manner [	],		
	AL EXAL DIES	V	ACTUAL SIGNATURE_	T	100			TITLE (SPECIFY)  A.D. Assista	nt	AL EXAMINER	DAT SIGI	E 8/	12/85
	MEDIC RECUTE OF FUNE TER DE		EXAMINER'S N (TYPE OR PRIN	NAME Greg	ory R. Ka				l Penn	St.			
	5 7 7 5 4 8	23a.B	URIAL, CREMAT	ION, REMOVAL 2			E OF CEMETERY		23d. LOC.	TOWN		YINU	STATE
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	DHMH - 17		NAME		ADDRESS			ALIO	I E REC'D. BY RI	EGISTRAR 25b. F	REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5)) 20M 4/82		James F	. Scarpe.	lli, Cumbe	erland,	MD 2150	2 AUG 1	D IHBE	1 fel	Kindy	Donate	

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	NEGESSARY, PIEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN THE HAMMAN PRESTON STITES.		male	Cau	5. DATE OF BIRTI	98	6. AGE (IN YEARS LAST IRTHDAY) YRS.	MONTHS		UNDER 24 HRS	PRONOUNCED DE AD	MONT	11	\$5	2d HOU 0320
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ORE. M. CORE. M. CORE		Charles VAS DECEASED EV		Grindle				FIRST	nda	MIDDLE	DRESS	Gree	reen		
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ECORDS	S A REM	NOIL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.).  Compression fracture L   11/84  199. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED?   120. AUTOPSY2												
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DIVISION OF VITAL RECORDS,	IE, THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PER RWARDED TO THE CHIEF M TAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA	MEDICAL CE	UNDERLYING CONTRIBUTING 21d INJURY OCC WHILE AT WORK	OR CAUSE OF E	HOUR A. DEATH P. 21e PLACE	M. MONTH	19 ' (AT HOME,	211 LOC.		CORRED (ENTI	ER NATURE OF INJURY IN I		COUNTY		STATE
•	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a. I certify the death result of f ACTUAL SIGNATURE		e of the remoins d	Accident	ve, held an	Autopsy le ,	Homicide DipitySPEC	CIFY)	Inquiry XX, etermined monner	and in my  DAT	r <sub>E</sub> 8-	<b>-11-</b> 8	35
	A SECUTE 18 A SECU		EXAMINER'S NA (TYPE OR PRINT)		11 Snow,				DDRESS		ial Hospi	ta 1			
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		x	USA	Maryland
Own Home	Housewife			Cumberland
/21502		×	Cumberland	
Green		Linda	Grindle	Charles
lale, MD	Owens - Lan	J. William		No

Burial Aug.14,1985 Philos Ceme.
William G. Kight Cumberland, MD

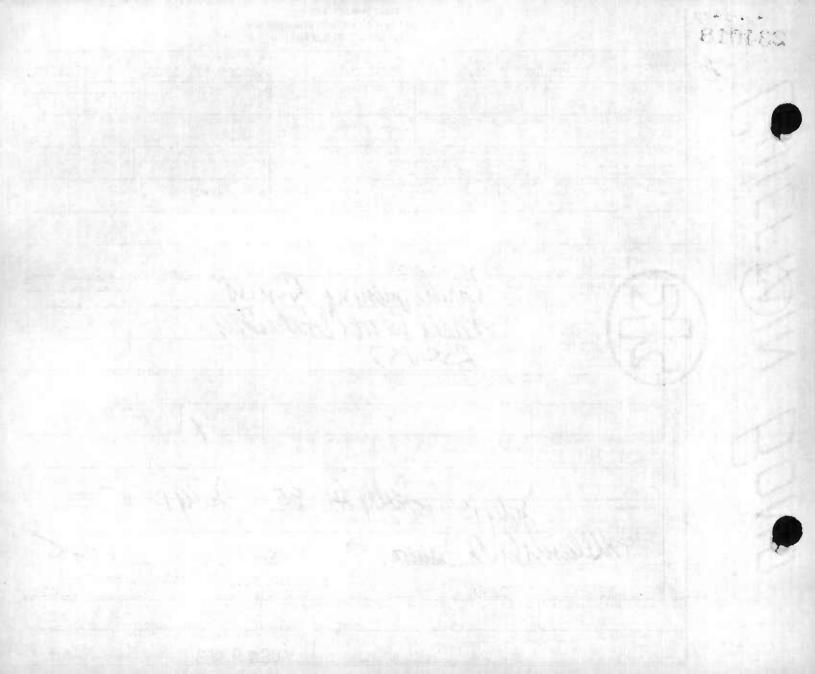
238	8006	1-	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND  SEALTH AND MENTAL HYGICATE OF DEATH	REG. NO.					
may be	page 3		CRASED NAME FIRST	n) 4 RACE	M.		OF BIRTH	6. AGE (IN GARS LAST BIRTI	HDAY]	1985	2b. HOUR  140 PM  IF UNDER 24 HRS		
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O # Po	10 Kg	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia	76. CITIZEN OF USA	F WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED DEDICATED DIVORCED	9 BALTIMORE CITY OF	OF DEATH	PF DEATH MD.			
01 s offer de	by the furiled with	10. CI	TY OR TOWN OF DEATH	(IF NOT INGL	HOSPITAL, NURSI	NG HOME	or other institution	12a USUAL OCCUPATIO	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				
AND 212	filled in hould be f	13e S	aryland A	ME OR OTHER INSTITUTION COUNTY	131. CITY OR TOV	VN (	134. INSIDE CITY LIMITS? YES 3 NO 1	130. STREET ADDRESS 514 B St	treet	21	502		
, MARYL	om riely		THER'S NAME FIRST Robert	LAS	T								
TIMORE	e medica	- (	VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YI NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	249-21-6		Mrs. Dorothy	Emerson, La					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 MINE PITSICIAN THE IDEA of the death annificant contraction within 24 hours continue and the contraction.	Their please remove carbon pays. Their please remove carbon pays in buring cremation, or empore injury, at other troumatic event,	CERTIFICATION	Canditians, if any, whic gave rise to immediat cause (a), stating the underlying cause los	DUE TO, (b) DUE TO, (c) DUE TO, (c)	OR AS A CONSEQU	JENCE OF	NOT RELATED TO THE TERA	ainal disease or cond	DITION GIVE	Bu	IMATE INTERVAL ONSELAND DEATH  ILCL ,		
IT AL RECO	The law or sicon of the hard become bridge to the hard become bridge t		190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	G 7 21b. TIME	OF INJURY		N WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIFY YES				
DIVISION OF V	FUNERAL DIRECTOR, After this certific uld be delicted for use on the burst-for the State Oppt of Health and Montal HORTANIT II hem 23 is marked or hem 18	MEDICAL C	OR CONTRIBUTING CAUSE (  (IF EITHER, NOTIFY MEDICAL EXA  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.4 certify that (I) (this saw the deceased aliabave, (I) (we) (did) (d)  22b. SIGNATURE  22d. PHYSICIAN'S NAME (	MINER)  21e. PLACE (AT HOME. S )  haspital) attended to the day (a and view the bod)	P.M. E OF INJURY STREET, FACTORY, OFFICE.		211. LOCATION STREET  19  10  10  11  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	CITY OR TOW	, 1 te and hour	COUNTY 9 85			
₽ <del>§</del>	P 2413+		URIAL, CREMATION, REMO SPECIFY) Cremation	DVAL   23b. DATE   8-13-			TEMETERY OR CREMATORY  le Funeral Cha	DELLOCATION CHYCHIONN anel Martin	shura	COUNTY Ve	STATE		
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25 of 15 m	1. DE	CEASED NAM E OR PRINT)		obn M	. Pipe	WIDDLE	-////////	TER 5	LAST		_	20. DATE KNO		MONTH D	DAY YEAR -1985	26. HOUR 5: 40 M	
ARY, PLEASE L DIRECTOR NOVE FLES NO NZ HOURS TON STREET,	3 SEX male		4. RACE White	5. DAT	E OF BIRTH	6. AGE (IN YEARS YEAR LAST BIRTHDAY)		AY) MON		HOURS	24 HRS.	2c. DATE PRONOUNCED DEAD	, 8-	20-19	985 YEAR	10 30 a M	
O SERVICE SERV	FO	RTHPLACE (S REIGN COUNTRY) MD			76. CITIZEN OF WHAT COUNTRY?  USA  8. MARRIED NEVER MARRIED WIDOWED DIVORCED D						ED 🗆	9. BALTIMORE CITY OR COUNTY OF DEATH Allegany					
SESENT S	1	pring	Gap	{1F	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Spring Gap						FORA	lal occupations of working	LIFE)		OR INDUSTRY  railroad		
F ANY DEL AND 3 TO REALN P HÖULD BE RECORDS	13a. S	MD MD	13b. CO A		egany Sive reside		ESIDENCE BEFORE ADMISSION)  COLTY OR TOWN  Spring Gap		13d. INSIDE CITY LIMITS? 13e		n/	STREET ADDRESS			1560		
DEATH OF WAR			onel M.								DDRESS	LAST					
DIVISION OF VITAL RECORDS, 201 W. PRESTONST.  S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFIJE RITHING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHIEF MEDICAL EXAMINER ALONG AS 3 SHOULD BE USED AS A BURIAL. REMNSIT PENMIX EDEPARTMENT OF HEALTH AND MENTAL HYGIEF EDEPARTMENT OF HEALTH AND MENTAL HYGIEF OF PRIOR TO BURIAL, CREMATION, OR REMOVA.		ES, NO, OR UNKNO	OWN) (IF YES, C	GIVE WAR OR	AED FORCES? WAR OR DATES)  166. SOCIAL SECURITY NO.  705-09-7013  Mrs. Mariet  y one couse per line for (a), (b), and (c).)  BY:  Atteriosclerotic Heart Disease				etta			oring	g Gap, MD				
	NO	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).															
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TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNEAR DIRECTOR: PAFTER DEATH, WITH THE STATE BARTIMORE, MARYLAND, 215	/	ACTUAL SIGNATURE	ty that I took ch	atural caus	Ma.	Accident	□. si	Auto	TITLE (S	SPECIFY)	Undete	Inquiry XX ermined manne CAL EXAMINE Drive-C	r 🔲,	3101460=	3-20-19		
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DHMH - 17 (VR A15 ME (5) )	24 F	James 1	Scar	pelli	, Cumbi	erlan	d, MD	2150	)2	25a. DATE		REGISTRAR 2	5b. REGISTR		NATURE		



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· (TYPE O	ASED NAME	FIRST				CERTIFICATE		REG. NO.			
	R PRINT)			WIDDLE		LAST	20 DATE K	ESTI.		26 HOUR	
3. SEX  76. BIRTH FOREIG  10. CITY  USUAL FATE  14. FATE		Thon		John		ice	DEATH /	MATED XX 8	27 19 85	8 a.M	
3. SEX	le W	nite	July 30	9.1924 61			R 24 HRS. 2c. DATE MIN. PRONOUNC DEAD	MONTH 8	27 <sub>19</sub> 85	2d. HOUR	
FOREIG	HPLACE (STATE OF		76. CITIZEN OF W		8. MARR WIDOV	RIED NEVER MAR	RIED 🔲	egany	INTY OF DEATH	p <sub>MD.</sub>	
Fr	ortownofde	5	189 I	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES	tree		OR INDUSTRY				
13a STA		1136 COUNT		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	189 E.	s Main St	., 2153	2	
14. FATH	Henry	ER'S NAME FIRST MIDDLE LAST					DEN NAME	oole <b>Ki</b>	rby		
16a. WA (YES, 1	S DECEASED EVE NO, OR UNKNOWN) Yes	R IN U.S. ARM (IF YES, GIVE V	VAR OR DATES)	166. SOCIAL SECUI	166. SOCIAL SECURITY NO. 219-1:4-7327		W. Price	ADDRESS	College Park.M		
	Conditions, if gave rise to cause (a) statin lying cause las	ony, which immediate ing the <u>under-t.</u>	(b)	Myocard R AS A CONSEQUENCE COPONA R AS A CONSEQUENCE BUT NOT RELATED TO THE T	ry ar	tery disea					
CERTIFICATION	TO DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH OF	ERATION V	VAS PERFORMED?			20 AUTOPSY	? NO 😿	
CALGERI	IO EXTERNAL CA NDERLYING ONTRIBUTING	OR CAUSE OF D	EATH P.A	A. MONTH DAY YE	AR		RED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	PART 2)	X	
WEDICAL N		RRÉD T WHILE WORK	STREET FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		OCATION STREET	CITY OR TOW	N	COUNTY	STATE	
2 As	224 I certify tho death resulted fro CTUAL IGNATURE  XAMINER'S NAM YPE OR PRINT)	m: Noture	ol couses ,	scribed abave, held an Accident , strangel	Suicide C	hosy Inspecting .	On M. Inquiry ( Undetermined man  MEDICAL EXAMI	nner	TE 8-27-8		
23e, BUR	IAL, CREMATION					OR CREMATORY	23d. LOCATION CITY OR TOWN				
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21-121-1915

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olivation to mention the state of the state we. 31, 1985 Smoothung Fermini Park Fronthers, Allegary, Mi.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20. DATE KNOWN 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) ESTI-ANDREW JOHNSON RITENOUR . JR. DEATH MATED 8 85 6:20 SEX 4 RACE 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 2d. HOUR DATE 57 PRONOUNCED W 26 PA M 27 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR MARRIED THEVER MARRIED Allegany Virginia U. S. A. WIDOWED DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING (IFE) Sacred Heart Hospital Cumberland Freight Front Royal 13d INSIDE CITY LIMITS? Virginia 627 Waren Ave. Warren 22630 4 EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Andrew Johnson Ritenour. Jean (None) Hockman Roger L. Ritenour 745 W. 16th St. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Yes, NO, OR UNKNOWN) Korean Conf. W. 16th St., Front Royal, Va. 22630 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ARDED TO THE CHIEF AGE 3 SHOULD BE USE ATE DEPARTMENT OF 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN AT WORK O FUNERAL DIRECTOR: P.
FTER DEATH, WITH THE ST. Autopsy 22a I certify that I taak charge of the remains described above, held on and in my opinian Natural causes death resulted fram Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Aug. 16,1985 Panorama Mem. Gardens Waterlick. 24. FUNERAL DIRECTOR Turner-Robertshaw Fun, Home, Front Royal, Va. (VR A15 ME (5)) Grena Deindren 20M 4/B2

STATE OF MARYLAND

12:8. 28 E1 8 Blan 72 35 51 ATTEMPTE. Carboniana Sacred Heart's Houghtal definitional (resistant) isyon durid 627 Bren Awe.

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noy b	deoth deoth	3. SE	ALLAN x	14	RACE	LUKE	5. DATE (	CHAEFFER		AUGU 6 AGE (IN YEAR	ST 14,		ERIYEAR	5:50AM
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4 E	Show		ryland ATHER'S NAME	Alleg	gany	West	ernport	YES N 15. MOTHER'S M	10	131 Ma	in Str	eet	2156	52
e e e e e e e e e e e e e e e e e e e	Old 2	14. 67	FIRST		NIDDLE	LAS	ST	IS. MOTHER'S M			IDDLE		LAST	
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lono n	Poges	(	YES, NO OR UNKNOWN)		WAR OR DATES)		9-1885	John A.	Schae	Sher we	Maryl	and A	ve.	1562
ote b	opers of.		18 CAUSE OF DEAT	TH (Enter only	v one couse p	er line for joi, (	(b), and (c).)	7	0	4				ATE INTERVAL NSET AND DEATH
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IAN phys	OIW		OR CONTRIBUTING	CAUSE OF DEAT			H DAY YEAR	711. 110 W 11430	KI OCCURR	ED (ENTERNATUR	OF MURY IN ITE	M 18 PART I OR	(PART 2)	
YSIC	buriol-tr Mentol or Item	MEDICAL	21d. INJURY OCCUR			P.M. E OF INJURY	19	21f LOCATION						
G PH offend er thi	ond hed o	WE		HILE 🗍			OFFICE FARM, ETC )	STREET			ITY OR TOWN	CO	YTMUC	STATE
Aft o	se ost mor	-0.1	22s I certify that (I		all attended t	the decegated t	from Tex	1. 2h	1985	10/11	Puel	1408	3	not (I) (we) lost
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OR A e hos DIREC	ched Sept.		27 SIGNATURE	41	/	6		DEGREE					DATE S	IGNED
-			771	m	and	2			YSICIAN N	MEDICAL DIRECTOR	STAFF PHYSICIAN [		8-1-	4-85.
HOSPITAL ned by the	d be RTAR		22d. PHYSICIAN'S N				)	22e ADDRESS	T					
o HO			-	KIM, M						EET, WE		ORT, M	D 21	562
7 2 1	W > Z	23a	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CRE		23d. LOCATIO		COUN	NTY	STATE
BP			Rurial UNERAL DIRECTOR		Aug. 1	7,1985	St. Pe	ter's Cer	m	Weste	rnport	Alle	g., M	aryland
	6 60M 7/B4		NAME TROUBLAND FI				DRESS			REC'D. BY REG	11	KLON-		
(VKA	13, 4)	-	HONVOOD FI	INDHAV	HAMA	VIOCIMO	WI (ii) 1/	9 96750	Alle	U TUSH	W 1000	MANOLANA	In India	

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Wendy N. Upchurch 202 Greene St. Cumb., MD

DHMH - 16 60M 7/84

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must be notified of once

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	2	20	2	
2	2	W	1	

		REGISTRAR			CENTIL	TEATE OF DEATH	REG. N	O		
		CEASED NAME WALTER		AMES	SHAFF	ER	20 DATE OF DEATH	08 27	85	26. HOUR 0122 HR
	3. SE)	MALE	4. RACE WH	ITE	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	HOURS MIN.
5	7a Bli	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	VHAT COUNTR	MARRIE		9 BALTIMORE CITY C		OF DEATH	MD.
1		CUMBERLAND	MEMORY			DR OTHER INSTITUTION	12a USUAL OCCUPAT	ON OF WORKING LIFE	EI INDUSTRY	of BUSINESS OR
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE SUMARYLAND ALL	EGANY	CUMBERL		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	D TOWNE	MANNÓ	ROOF
		ATHER'S NAME FIRST Harvey		LAST	T I		deline Bows		LA	ST
	16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	MED FORCES?	166 SOCIAL SE	3 2523	MEMORIAL I	HOSP I TAL ADDR	CUMBE	ERLAND	MD
		18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause lost.	DUE TO, OF	AS A CONSEC	DUENCE OF	les frirate	c ohn. I	A.	BEJWEEN	IMATÉ INTÉRVAL ONSET AND DEATH
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	EN IN PART 11  N, WERE FINDING CAUSES  S	NGS USED
1	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AL WORK AY WORK	P.A. 21e PLACE (	M. MONTH M.	19	21c. HOW INJURY OCCUR!		JRY IN ITEM 18 P		STATE
		220. I certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE		19	, ar	, 19 , 19 d that in (my) (aur) opinion of DEGREE ATTENDING	MEDICAL _ STA	ate and have		
		22d. PHYSICIAN'S NAME (TYPE OMAR				22e ADDRESS MEMORIAL AVE	NUE CUMBER		1D	1/8)
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIF BUTIAL)	23b. DATE 08-29-			EMETERY OR CREMATORY THIS CEMETERY	23d. LOCATION CITY OR TOWN SOMETSE	t So	COUNTY	STATE

DHMH - 16 60M 7/84

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the future should be detached far use as the burial-transit permit. Then please remove carbon papers. Pagey Tand 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

24 FUNERAL DIRECTOR (VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

SEP 0 3 1985

THE RESIDENCE OF THE PARTY AND THE PARTY AND

# STATE OF MARYLAND

13	1	O	Great	- party
2	W		(Crue	1

113	1. DECEASED NAME (TYPE OR PRINT)  3. SEX  Female  70. BIRTHPLACE (STA COUNTRY) WV  10. CITY OR TOWN OF Cumberlan  USUAL RESIDENCE III 130. STATE MD  14. FATHER'S NAME FIRST DAV.  160. WAS DECEASED (YES, NO OR UNKNOW) NO  18. CAUSE OF D PART 1 DEA  Conditions, if gove rise to cause (0), underlying OR CONTRIBUTING (IF EITHER NOTIF) 21d. INJURY OC WILLIAM 190. DATE OF OF 21d. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF) 220. I certify the saw the de oboves (1) 220. SIGNATUR  221. SIGNATUR  222. SIGNATUR  222. SIGNATUR	REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO	D.			
				LULA					26 HOUR 6:37 p		
1	3. SE	X	4 RACE			AUGUST 7, 1985  ATE OF BIRTH  OIT—19—1900  ARRIED   NEVER MARRIED   PARTITION   PARTITION   NON-TITLE   NON-TITLE					
G )		REGOVERNME PARTITION TO THE ESTALINE LULA SHEPPHERD  REGOVERNME PARTITION TO THE PARTITION OF THE PARTITION		DATS MIN.							
1/6	7a. B	RTHPLACE (STATE OR FOR			? 8	NEVER MARRIED T	9 BALTIMORE CITY O	R COUNTY OF DE	ATH		
X				A	1		Allega	ny	M		
100						R OTHER INSTITUTION	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDI	KIND OF BUSINESS OF USTRY textile		
36		STATE 13	B COUNTY	13c CITY OR TOV	WN 1		13e.STREET ADDRESS /	ZIP CODE OX 213 Hir	Algoration Road		
10	14. F/	FIRST				FIRST	MIDDLE	ailey	LAST		
e medicol		YES, NO OR UNKNOWN)									
tion, or removal oumatic event th		PART I. DEATH WAS	S CAUSED BY:  AMEDIATE CAUSE (C  DUE T-  which	O, OR AS A CONSEOL	whole	E ca y co	Cn_	36	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH		
rial, crem or ather		cause (0), stating underlying cause	the lost DUE To	.)		NOT RELATED TO THE TER	WINAL DISEASE OR CON	DITION GIVEN IN P	PART No.		
d of ruling	Z O			10 2011111001111010	001	TO THE TENT	THE DISEASE ON COM	31110140146141141	ARTIG		
ows only	TIFICATI	190 DATE OF OPERATIO	ON 196 CO	ONDITION FOR WHICH	H OPERATION	N WAS PERFORMED		IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?		
77		OR CONTRIBUTING CAL	JSE OF DEATH HOU	R A.M. MONTH		21¢ HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR P	PART 2)		
2 9	MEDI		(AT HO)		FARM, ETC )		CITY OR TO	wn cou	UNTY STATE		
Heal is m		saw the deceased above (1) (he) (did		7	F\$ and		,	7 , 19 8 ite and hour and fre	am the causes stated		
AT: If Hen		22b. SIGNATÜRE	Baller	¥		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	8-)-FT		
RIA		Dr. Bolli	E (TYPE OR PRINT)	WIT STATE		22e ADDRESS 955 I	Frederick St	•			
_ (3							1 1 100	01500			

231. NAME OF CEMETERY OR CREMATORY

Restlawn Memorial Pk.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502

23b. DATE

08-09-1985

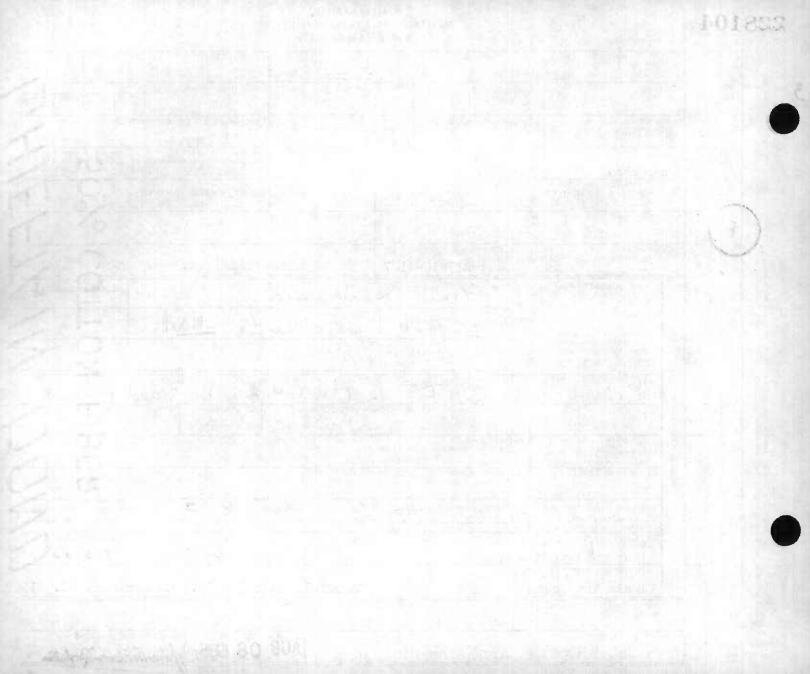
230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

Cumberland Allegany

MD

228104	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 2 1
34. 34.	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE Maha 3	Shircliff	20 DATE OF DEATH MONTH DA	13. 11001
nay be page 3	Els SEX	ie Mabel	(Schetrompf)	6 AGE (IN YEARS LAST BIRTHDAY)	3 85 6:00 P
1000	female	white	11-26-1905 YEAR	79 YRS	ONTHS DAYS HOURS MIN.
E 52 /6/6	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
4 25 8	PA	USA	WIDOWED DIVORCED	Allegany	м
The state of the s	10 CITY OR TOWN OF DEATH  Cumberland	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE LIONS Manor No	NG HOME OR OTHER INSTITUTION TADDRESS)  LISING HOME	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SEAMSTRESS	12b. KIND OF BUSINESS OF INDUSTRY Cleaners
3	USUAL RESIDENCE (IF NURSING HOME (130 STATE 136 COL A)		VN 13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 110 Bedford St	
	14 FATHER'S NAME Jacob Sch	etrompf	15 MOTHER'S MAIDEN NA Sally		LAST
9.7	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SEC 217–18		nircliff,JrWinch	ester, VA-sor
g physical conpaper remaval.	PART I. DEATH WAS CAUS	only one couse per line for (a), 1b), SED BY: ATE CAUSE (a)	e septicemio	A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death  J by the attend ease remove co ol, cremation, a	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE (c)	cted hichan	-dis phail.	
been signed mit. Then pliprior to burillony on	PART 2 OTHER SIGNIFICANT  TO DATE OF OPERATION  The DATE OF OPERATION  The DATE OF OPERATION	with C.H.F	DEATH BUT NOT RELATED TO THE TERM  , 2 OCC V  OPERATION WAS PERFORMED	- A E Rt . Stace	1 1) 0 10
N. The hysician.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW IN JURY OCCUR	YES NO YES  RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	□ NO □
phys phys phys ob-troi ital Hy	OR CONTRIBUTION OF OR OR OR	EATH HOUR A.M. MONTH	AY YEAR	KED (ENIER NATURE OF INJURY IN THEM IS FAR	TORPARIZ)
DING PHYSI After this ce e os the buri ofth and Mer marked or the	VILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
Z = a S = Z	22a. I certify that (I) (this has	pital) attended the deceased from, in 7-89 19-	9-28 198= , and that in (my) (our) opinion	death occurred on the date and hour	that (I) (we) lo
F 0 60	V. A. Rang	than .		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED 8-5-85
TO HOSPITAL TO FUNERAL should be det with the Stote	Vimala Ranjit	orprini) han	Memorial Med	lical Bldg., Cumbe	rland, Md. 21
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY CK Valley Mem. Cem.	Puck Valley	COUNTY
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE



			FOR STATE				DEF	PARTM			AARYLA I AND M	ND NENTALH	YGIEN	Ε	2	ن	2	2	
2	49057	1. DEC	REGISTRAR CEASED NAME OR PRINT)	NOF	FIRST PMA			IDDLE	XAMIN	STAG	LAST	CATEO		2a DATE	ESTI-		25	YEAR 1985	26. HOUR 1100A
	NY, PLEASE DIRECTOR. DUR FILES. 77 HOURS IN STREET,	3. SEX	emale	4 RACE Cau		DATE OF BIF	RTH	`	AGE (IN YE	ARS IF UN	NDER 1 YR.	IF UNDER		2c. DAT	JNCED	MONTH 8		1985	2d HOUR 1120
	POR PALL	FO	RTHPLACE (S REIGN COUNTRY) Marylai	nd		U.S.	Α.			WIDOV	VED 🗆	EVER MARRI	ED	A.	MORE CIT	ny			MD.
	ELAY IS TO THE TO THE TO THE SE 20 IV	R	awling	S		Rt 3	CH FACUIT	X 56	LET ADDRESS)		IER INSTITU	NOITU	FOR N	AOST OF W	UPATION ( ORKING LIFE) NAKET	TYPE OF WOR	12b. KI	ND OF BURNDUST	ISINESS RY
21201	FANY S AND 3 AND 3 ECAND	130 M	arylan	d	ATTIES	any			RTOWN Ings	ION)	YES			3 E	Box 56	215	57		
BALTIMORE, MD. 2120	(1)	1	Rober	t		WIDDLE		(iddy	7			ER'S MAIDE FIRST <b>lsie</b>	N NAME		MIDDLE		Kife		
BALTIM	S AFTER GIVE P GIVE P FAGE I		VAS DECEASE ES, NO, OR UNKNO NO	OWN) (	IF YES, GIVE W	AR OR DATES)	2	213-4	AL SECURIT 14-197	73		rt R.	Stag	gs		ss Rt ings,	MD	215	57
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. PREST	N PENCIL IN 17 N PENCIL IN 17 XAMINER ALC AL - TRANSIT PI MENTAL HYGI N, OR REMOV.		gave r	ons, if an	mmediate	(b)_	Corc	nary		ery h	eart	diseas	se				1	year	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	G THE V TO TH HOULD ARTME	MEDICAL CE	UNDERLYING CONTRIBUT	G OI	R AUSE OF DI	HOUR	A.M. M P.M. 5		26 1978	Pa		fell			INJURY IN ITEM	I IS PART I OR	PART 2)		
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STYLENORE, MARYLAND, 2	20	EXAMINER'S (TYPE OR PR	INT)	Paul	Snow,	M. [				ADDRESS.				spital	- Cur	ber	land	Md
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	DHMH - 17 (VR A15 ME (5))	A.	Craig		ruck	Keys	ser,	S So	uth M 2672	ain S		250. DATE R		REGISTI	To.i.	Jaren M.	indell	25 !	

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A. utaria Rotrinola Regional BV 20725

## STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Fage 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filtid in the filtid man be about the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filted minimal filtid man be after the burial. The please removed in removal.

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201

226030	1-	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIRNE 5	2 1	3 2	3
		OR PRINT)	FIRST	,	AIDDLE	L	AST	2a DATE OF DEATH		DAY YEAR	3:13A.
å Å		LE	ILA	B	radu	SUT	TER	AUGUST 5,	1985		3:13A.
ge 4 m	3. SE	Female	4	RACE CO	ш.	5. DATE O		6 AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	
leath Fo	(	RTHPLACE (STATE OR FI COUNTRY) W Y Ork	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY  Allega	_	OF DEATH	MD.
11 27	10 CI	TY OR TOWN OF DEA	TH 11		HOSPITAL, NU		ROTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS OR
· 13/9//	СП	MRERI AND			AL HOS			Teacher			ic School
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SICIAN: ng physicertification riol-tran entol Hy		21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A.A	M, MONTH	DAY YEAR	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART I OR PART ?)	
ottendir otten this is the bu h and M irked or	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE (	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
NDIN R. Af Health		22a.1 certify that (1)				om	, 19	, to		19	, that (I) (we) lost
Spito CTO CTO of h		sow the deceose above the welld	d olive onid) (did nat) v	iew the body	after death.	19 or	d that in (my) (our) apinio	on death occurred on the	dote and hou	r and from the	couses stated
ral OR y the hory the hory and DIRE detached one Dept UT: If Item		27h STGNATURA	40	ren		/	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	7/6	185
CO HOSPITAL eroined by 11 TO FUNERAL should be det with the State		DR. QAMAR	0	EINT)			MEMOREAL HO CUMBERLAND		DICAL 2150	BUILDI 2	NG
0 2 5 7 5 5	23a B	URIAL, CREMATION, I	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE
BP		Burial		Aug.7.	1985	Philos	Cemetery	western	ort. A	0.0	Maruland
DHMH - 16 60M 7/B4 (VRA 15, 4)		NERAL DIRECTOR NAME  COLOCK FUNC	ral Ho	ime	Piedmon	ESS	'AC	ATE REC'D. BY REGISTRA	R 25h REGIST		TURE

Sec. 7, 1903 New York Tenelier Public Solget angland Allegany Thesthese ... TIS-51-51 To John T. ReggA3, IT, Keyack, V. Na. 26196 Sucied Aug. 7, 1915 Placed Canadery Desteropert, Added, Natural

Figure 1 The Content of the Content

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SENDEDICT FLATERAL HOME CONTINUE AND UNE PIEDS

02:01

SACTED RESIDENCES TIME

914-16-2769

## STATE OF MARYLAND

5. DATE OF BIRTH MONTH

April

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

THOMAS

14.

ÈNE 🔾	2		i	2	5	
	REG. NO.					
2a DATE OF DE	ATH MONTH	DAY		YEAR	2b HOL	IR
Augus	t 27,	1985	5		4:4	5 Am
AGE (IN YEARS	LAST BIRTHDAY)	IF.	UNDE	RIYEAR	IF UNDER	24 HRS
76	YF		MIHS	DAYS	HOURS	MIN.
BALTIMORE	CITY OR COU	NTYO	F DE	ATH		- 17
Allegan	у					MD.
12a USUAL OCO		NG UEEL		KIND O	F BUSINI	ESS OR
Homemak		40 tire)		m H	ome	

MARY ELIZABETH 4 RACE 3 SEX Female White

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

COUNTY

Somerset

MIDDLE

(IF YES, GIVE WAR OR DATES)

FIRST

TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARRIED X NEVER MARRIED WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES

Alle 12a USU

1909

2a DATE

TYPE OF V Home

13e STREET ADDRESS / ZIP CODE

Box 353

APPROXIMATE INTERVAL

Penna. 4. FATHER'S NAME

(YES, MYOS UNKNOWN)

Cumberland

Pennsylvania

CITY OR TOWN OF DEATH

- STATE

TYPE OR PRINTI

COUNTRY)

13a. STATE

REGISTRAR 1 DECEASED NAME

John

Rodamer

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Salisbury

160-12-3652

Memorial Hospital

16b SOCIAL SECURITY NO

15. MOTHER'S MAIDEN NAME Fmma 17 INFORMANT

Thomas.

13d INSIDE CITY LIMITS?

MIDDLE Rt. 1, ADDRESS 353

Thomas Salisbury, PA

18 CAUSE OF DEATH (Enter only one couse per line for yo), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

gove rise to immediate couse (o), stoting the underlying couse lost.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NON

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21b. TIME OF INJURY

8-29-85

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

MEDICAL sow the deceased alive on the body attendenth

CERTIFICATION

00

MPORT

WHILE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from

19a DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

23c NAME OF CEMETERY OR CREMATORY

Salisbury Cemetery

on that in (my) (our) opinion death occurred on the date, and hour and from the couses stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

22c DATE SIGNED

22b. SIGNATURE

Dr. F. W. Miltenberger

12e ADDRESS

122 S. Centre Street Cumberland, MD 21502

Salisbury, Somerset, PA

Burial 74 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Grantsville, MD

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

DHMH - 16 60M 7/84

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH 239003 REGISTRAR REG. NO LAST 2n. DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR (TYPE OR PRINT August 15 1985 Elizabeth Tichnell Mary dea & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX HOURS 1901 White Female TE CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. County West Virginia Allegany WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR Box 83 Barton, Md. TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Barton Domestic House BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Allegany Barton Box 83 13d. INSIDE CITY LIMITS? Maryland YES PA 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST WIDDIE Ollie Riggleman Nelson James 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES) 212-18-1738 21521 Mrs. Ruth Kyle Barton, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY metastatic carenoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NOF YES [ NO [ he burial-transit nd Mentol Hygie 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 21d. INJURY OCCURRED ō I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE morked WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram\_ , that (1) (we) last sow the deceased olive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED TO FUNERAL DIS should be detach with the State De ATTENDING MEDICAL PHYSICIAN D DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINTI MPORT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23h DATE Burial LaVale Allegany Maryland Kest Lawn Gardens 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Westernport. Md.

(VR A 15 (4))

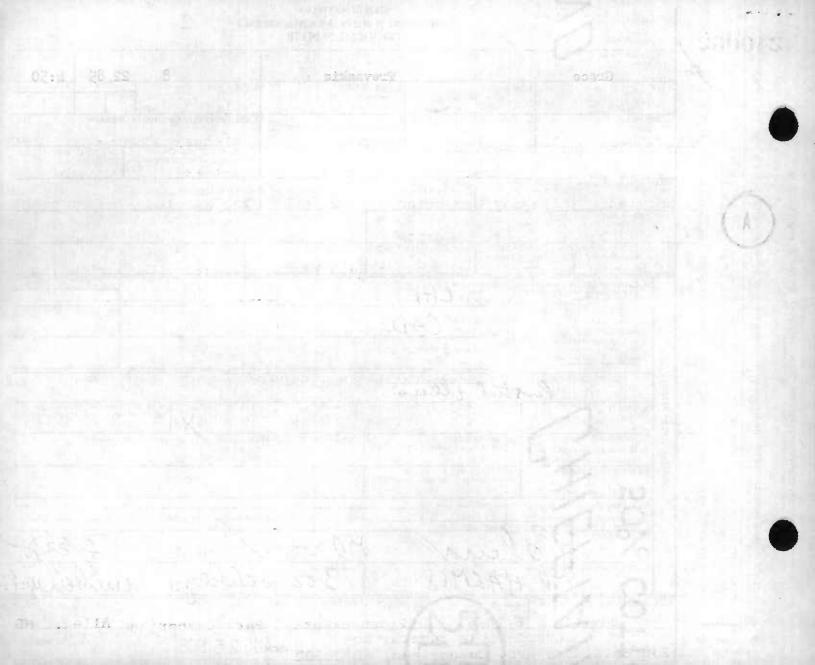
STATE OF MARYLAND

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~	3000	~/		EASED NAME FIR	ST .	MIDDLE		L	AST	20. DATE OF DE		DAY YEAR	2b. HOUR
	pe pe	m	{TYPE	Grace		NMN		Птот	raskis		8	22 85	LAFO M
	pog pog	//	3. SE		4. R	ACE		5. DATE C		6. AGE (IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	off.	2.5		T 1				MONTH				MONTHS DATS	HOURS MIN.
	oge	27.	70 81	Female RTHPLACE (STATE OR FOREK	71.	White		4	/12/84	1.01	CITY OR COUN	TV OF DEATH	
	rh. F	0/1	(	OUNTRY)	F-0.1	CITIZEN OF WHAT CO	OUNTRY:		NEVER MARRIED		CITT OK COOK	IT OF DEATH	
	deo	To		ennsylvani		USA	. NUIDON		NX DIVORCED		gany C		MD.
	he wit	(1)	10 C	TY OR TOWN OF DEATH	11.	(IF NOT IN SUCH FACILITY,			R OTHER INSTITUTION	12a. USUAL OC (TYPE OF WORK FO	CUPATION R MOST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
201	5 gg	78_		umberland		Cumberla			ng Home	Music	ian	Mus	ic
21	2 50	201	13a. S	L RESIDENCE (IF NURSING H TATE 113b.	COUNTY	ER INSTITUTION, GIVE RESID	PENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS		
N		0	Ma:	ryland A	lleq	any dumb	erla	nd	YES NO	220 B	altimo	re Ave.	21502
3 (	\$ A \$ A	411	14. FA	THER'S NAME	MIDD	w E	LAST	W.C.	15. MOTHER'S MAIDEN N	AME	IDDLE		
A /	in it	1//		John	MIDL	~	urno	TA7	Ann	^	IDDLE	Tho	
ZE,	~	8		AS DECEASED EVER IN U		FORCES? 166 SOC	CIAL SECUI		17. INFORMANT		ADDRESS	1110	mas .
WO	000	1/	(	ES, NO OR UNKNOWN) (IF	YES, GIVE WA				Ruth Wanda	danah	han C		a d MD
E	A 054	4/			. 1 .				NUCII Wallua	, daugn	cer C	mberla	IMATE INTERVAL ONSET AND DEATH
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× .	t the	her		cause (a), stating	the ost.	DUE TO, OR AS A C	ONSEQUE	NCE OF					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equires n signe Then p	injury,	CERTIFICATION	PART 2 OTHER SIGNIFIC	Pa	1 -77	Ru	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION (	GIVEN IN PART 16	0.
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0	CIAI p ph printing	Hem 1	AL	OR CONTRIBUTING CAUSE		HOUR A.M. MO	NTH DA	Y YEAR					
O	W C 0 -	or #	MEDICAL	21d. INJURY OCCURRED		21e. PLACE OF INJUR			211. LOCATION			COUNTY	
VISI	the the	ked	¥	WHILE NOT WHILE		(AT HOME, STREET, FACTO	ORY, OFFICE, FA	ARM, ETC )	STREET		TY OR TOWN	COUNTY	STATE
ā	Aft Aft	morked		22a.l certify that (1) (this	hospital	ottended the decens	ed from		. 19.	, to		. 19	that (I) (we) last
	TEN OF STATE	1 15		sow the deceased all above, (1) (we) (did) (					d that in (my) (our) apinio		n the date and h		
	OR AT e hosp DIRECT	em 2		obove, (I) (we) (did) ( 22b. SIGNATURE	did pety vi	ew the body ofter dec	oth.		DEGREE			22c DATE	
	ral OR y the h y the h detoch	# # # P		61	a	leur	/		ATTENDING PHYSICIAN	DIRECTOR -	STAFF PHYSICIAN [	8	23/8
	TO HOSPITAL of retained by the TO FUNERAL Eshould be detailed.	MPORTANT:		27d. PHYSICIAN'S NAME	D.	HALM	65		302	Schoo	yst.	Cemb	Perland
	To reto	3 3		URIAL, CREMATION, REM	OVAL 12	3b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	234 LOCATIO			
	BP			Burial		8/24/85				CITYON	OWN	COUNTY	STATE
			24. FU	INERAL DIRECTOR Lea	CHE	0/24/05	Func	LICT	est Burial	ATE REC D. BY REG	III DO LA	ALLE STAN'S SIGNAT	
	DHMH - 16 50N (VRA 15, 4		22	O Paltin	asule	-stern i	r <sub>une</sub>	ral I	iome	AUG 2 6 1		LA WEST	andell
	(4KM 13, 4	,	43	0 Baltimon	e Ar	ve. Cumbe	erlar	nd, I	1D 21502 '		0		

STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR		CERTIFIC	AIL OI DEATH	REG. N	0.	gan.	
	1 DECEASED NAME HUBBARD	VERNON	TWIGG		AUG 76	1985		HOUR 40AM
	3 SEX MALE	WHITE	S. DATE OF MONTH	24 1909	6 AGE LINYEARS LAST BIR	THDAY) IF UND MONTHS		URS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	UNITED STATES	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	NY COUNTY		MD.
	10 CITY OR TOWN OF DEATH CUMBERLAND	(IF NOT INSVENIOR THE STREET	5SP*ITAL	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL OF T	F WORKING LIFE) IN	KIND OF BU DUSTRY ailroad	
			land	d. INSIDE CITY LIMITS?		zip code Avenue/	21502	
	14 FATHER'S NAME FIRST Robert R				rgaret Ann K		LAST	
	160 WAS DECEASED EVER IN U.S. AR	rmed forces? 166 SOCIAL SEC VE WAR OR DATES] 705 05		MEMORIAI	ADDRE L HOSPITAL M		AVENUE	
	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 THER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHIC	D DEATH OUT NO	lery de	200 AUTOPSY?	DITION GIVEN IN CERTIFYING	RE FINDINGS I	USED DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINET 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19	TE HOW INJURY OCCUR	YES NO			STATE
	sow the deceased alive an	Seprini	Must DE	GREE ATTENDING	. 10 death occurred on the do	FF 2		(l) (ma) last es stated
	230 BURIAL, CREMATION, REMOVAL			ETERY OR CREMATORY	23d LOCATION CITYORTOWN Cumber	and Alla	NIV	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

James F. Scarpelli, Cumberland, MD 21502

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
SEP. 0.3 1985

Throngs and the property of the state of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CER 246083 REGISTRAR DECEASED NAME 20. DATE KNOWN 26 HOUR MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED X 8-26 E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS
I W. PRESTON STREET, 10A Valentine James Edward 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAYI PRONOUNCED 85 12-25-1919 Male White WIAL RECORDS, 201 W. PRESTO 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany K WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE? OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland 501 Eastern Ave. BD of Education | 134 INSIDE (ITY LIMITS? | 13. STREET ADDRESS | 1501 Eastern Ave Cumberland Allegany Maryland 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME LAST MIDDLE Henry Valentine Mary Anne Wrightson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 220-10-4136 ves Mr. William L. Valentine, Cumberland, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Hypertensive Cardio Vascular Disease Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION Gout Obesity 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL. YES NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Inspection Natural cooses death resulted from: Accident Undetermined manner TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M ACTUAL 8-26-1985 MD Deputy SIGNATURE MEDICAL EXAMINER Memorial Hospital, Cumberland, Md. Dr. Paul Snow MD EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 08-29-1985 Sunset Memorial Park Cumberland 07/B4 BP Allegany 24 FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

STATE OF MARYLAND

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riticate properties properties properties		18 CAUSE OF DEATH IN PART I. DEATH WAS	CAUSED	y ane cause per ) BY: E CAUSE (a)(			ic SHOCK			APPROXIM BETWEEN OF	ATE INTERVAL NISET AND DEATH
hat the death as by the attendances remove carts I, cremation, or other traumotic				(b) f	R AS A CONSEQUE	Myor	ARDIAL 1	NFARCTI	200	GDA	tys.
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AL OR A		22b. SIGNATURE	lla	m to	Eurn	, k	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	IFF CIAN [	22c. DATE S	
O HOSPITAL etoined by to FUNERAL should be de with the Stat		William I			•			ial Hospita			0
BP		BURIAL, CREMATION, RE (SPECIFY) Burial	MOVAL	23b. DATE 08-06	ALCOHOL: NOT THE REAL PROPERTY.		est Burial Par	23d. LOCATION	c	ounty legany	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland.

MD 21502

Sunt margarett at . Martin military to be a series

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

### "STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	die !	W	100	1	
REG.	NO.				
E OF DEATH	MONTH 8	15	YEAR 85	26 HOUR 2:47	P
(IN YEARS LAST I	HRTHDAY)	IF UND	ERIYEAR	IF UNDER 24	HRS

REGISTRAR				CERTII	ICAIL OI	DEATH		REC	. NO.				
DECEASED NAME	FIRST		MIDDLE	ſ	AST		2	O. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR	
(TYPE OR PRINT)	Edna		Marie		War	ď			8	15	85	2:47	P <sub>M</sub>
SEX		4 RACE		5. DATE C	F BIRTH		6	AGE (IN YEARS LAS	T BIRTHDAY)		DER I YEAR	IF UNDER 24	
Female		Whit	te	MONTH		96		378	88,	NONTI	TS DATS	HOURS.	MIN.
BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVE	D AA A D D I C D	9	BALTIMORE CIT	Y OR COU	NTY OF	DEATH		
MARYLAND		United	States	WIDOWE		R MARRIED DIVORCED		Allegai	ny Cot	inty			MD.
CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION		20 USUAL OCCUP			L KIND C	F BUSINES	SOR
Frostbur	q		ourg Commi		Hospi	tal		TYPE OF WORK FOR MI	DST OF WORKI	AC TILE)	NDUSIKI		
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I FATHER'S NAME	1 1	regaily	1 1103 600	ur g		R'S MAIDEN			Casai	10 30	1 666	210.	32
FIRST		MIDDLE	LAST			FIRST	_	MIDD			LAS	T.	
CONRA			STEET	W		MARY		2) (1)	ZABE	DE		WILI	IAN
WAS DECEASED EV		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFOR	MANT		AL	DREFR	OSTE	URG.	MD	
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18 CAUSE OF DE	ATH (Enter o	nly one couse per	line for (a), (b), and	123	-		11			T		MATE INTERV	
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190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED		200 AUTOPSY?				OF DEATH	
			100		- Y-			YES NO		YES [	]	NO 🗌	
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OR CONTRIBUTIONS		ain	M. MONTH DA										
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2			REET, FACTORY, OFFICE, FA	ARM, ETC.)	STR			CITY	RTOWN		COUNTY	STA	ATE
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22a.1 certify that	(I) (this hosp	ital) grended th	e deceased from_	HI	1.//	. 19	35	, to	gel,	2. 19_	82	that (I) (we	e) last
saw the dece	ased olive or	Turke	19	× 5. 61	d that h (m	y) (our) opin	nion dec	ath accurred and	date and	haurand	fram the	causes state	ed
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4/1//		1/1/1		/	1/11/	PHYSICIAI	N	DIRECTOR PH	YSICIAN [			-1 - 7	
22d. PHYSICIAIS	NAME (TYPE	PRINT		1	72e ADDR	ESS ,	-						
S	hin E.	Kim, M	D. /		Mair	Stre	et	Wes:	ternpo	ort.	MD	2156	2

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 230. BURIAL, CREMATION, REMOVAL

23d LOCATION CITY OR TOWN

STATE COUNTY

ALLEGANY

60 MAIN ST FROSTBURG

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SE

SERIE FIREASTER THE PROGRAMMENT TO THE PERSON OF T BAISASS SER STRUKT ISH PE FROSTBURG ALL GARY ME

Judy 25, 1948 75 Par

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Faidfook Funkal Hort, Viednost, L.Va. 2615ft

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Consence T. baskington

Bunder Garage Mariant Condens French, Higgson, M. Weiller

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Savidson Bondas

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AUG

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

Durst Funeral Home, Frostburg, Md.

24 FUNERAL DIRECTOR

TIMORANIT L NATIONAL PARTER AND TURNED IN THE STATE OF TH Dentify and Capacitions | SACRED HEALT HOSTITAL | Paragraph of Landing talent in the state of the stat CARLE ON OR TERMINED SALES BELLEVIEW AND SALES FOR THE SAL 

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# STATE OF MARYLAND

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7	1. DECEASED NAME	BESSI		ANE		EGAND			28, 198	DAY YEAR	5:55 A
	3 SEX Female	17	4 RACE White	9	5. DATE (	H DAY	1913	6. AGE (IN YEAR		IF UNDER 1 YEAR	IF UNDER 24 HR
6	70. BIRTHPLACE (STATE COUNTRY) West Virg		76 CITIZEN OF WHAT COUNTRY? 8						9 BALTIMORE CITY OR COUNTY OF DEATH		
0	OUMBERLAND	DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  MEMORIAL, HOSPITAL.					Allegany  126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Amcelle Celanese Corporation			OF BUSINESS C
36	USUAL RESIDENCE (# 130 STATE  Marvland	136 COL	OR OTHER INSTITUTION		ORE ADMISSION)	13d. INSIDE	CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO		
10	14 FATHER'S NAME FIRST Daniel		WIDDLE	Eckar			'S MAIDENNA/	ME	MIDDLE ale	Hawk	ST
1	160 WAS DECEASED E 1485, NO OR UNKNOWN NO		RMED FORCES?	166 SOCIAL SE 219-03-		17 INFORM	m Wiega	nd		.090 Ligh	
	18 CAUSE OF DEATH IEnter only one couse per landon, blandic.  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if gave rise to cause (a), sunderlying c	immediate toting the	(b)	R AS A CONSEC							
		1Per	tensi	N	001	0(1)	1	INAL DISEASE (		GIVEN IN PART 1:	
1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE					N WAS PERF	ORMED	20a AUTOP	IN CE	YES, WERE FINDI	OF DEATH?

O FUNERAL DIRECTOR: After this

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

MEDIC/

226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

22d PHYSICIAN'S NAME DR. NATHAN

220.1 certify that (1) (this haspital) attended the sow the deceased alive an

> ATTENDING MEDICAL STAFF
> PHYSICIAN DIRECTOR PHYSICIAN MEMORIAL HOSPITAL

MEDICAL BUILDING CUMBERLAND, MARYLAND 21502

230 NAME OF CEMETERY OR CREMATORY Davis Memorial Cem.

211 LOCATION

DEGREE

CITY OR TOWN

Cumberland-Allegany Co.-MD.

24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 202 Greene Street-Cumberland, Md. 21502

8-31-85

23b. DATE

21e. PLACE OF INJURY

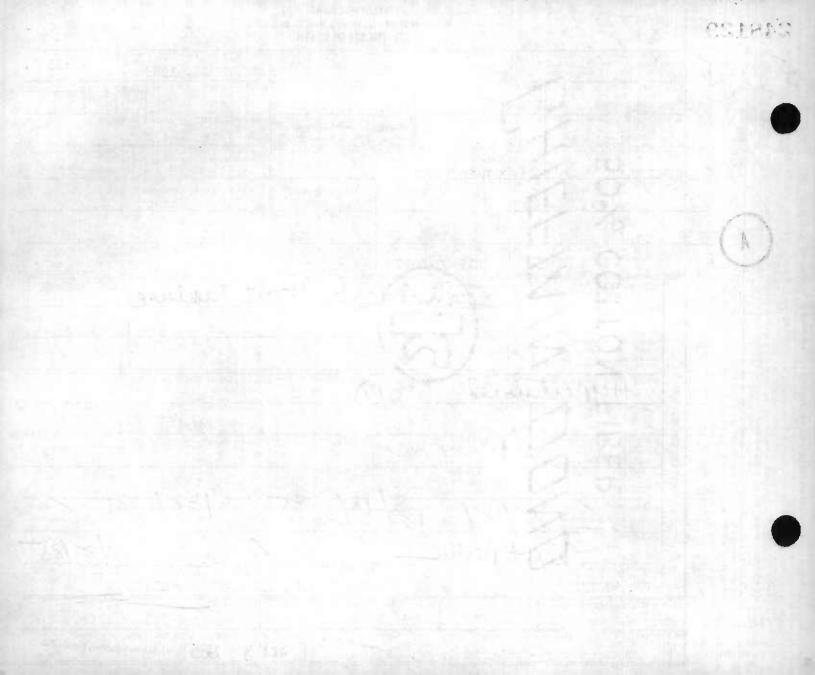
AT HOME, STREET, FACTORY, OFFICE FARM ETC |

SEP 3

256, REGISTRAR'S SIGNATURE

COUNTY

STATE



				STATE OF MAKYLAND		
8026	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 3 3
- R 4		REGISTRAR			REG. NO.	
A 100	I DEC	CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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	3 SEX		A RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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4		Maryland TY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	Allegany Ize USUAL OCCUPATION	12b. KIND OF BUSINESS OR
ä	10 C1	IT OR IOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKIN	
l	F	rostburg	Frostburg Vi	llage Nursing H		Celanese
ř	USU	L RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION]		
ĕ	111	TATE 136 COU			13R. STREET ADDRESS	
			gany LaVal			und Rd. 21502
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9		David D	. Willia		Middle	Wright
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		No	550-10	-8691 Helen E. B	osley LaVale.	Md.
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П	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
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1	3	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ings.	1				YES NO NO	YES TO NO T
-	CERTIFICATION	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	<u> </u>
		OR CONTRIBUTING CAUSE OF DE		DAY YEAR	, and the state of	
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	0	21d. INJURY OCCURRED	21R PLACE OF INJURY	21f LOCATION	CITY OF TOWN	COUNTY STATE
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		saw the deceased alive or abave, (1) (we) (drill) (did no	on view the body ofter death.	and that in (my) (aur) apiniar	death accurred an to date and	haur and from the causes stated
	- 0	22b. SIGNATURE	1. 48 1	DEGREE		22c. DATE SIGNED
		million	m	MATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	
_		274 PHYSICIANS NAME (THE		PHYSICIAN PHYSICIAN	M DIRECTOR M PHYSICIAN [	
		The residence of the control of the	7	TIR ADDRESS		
	-	MARIANT	7.			
-	73n P	URIAL CREMATION, REMOVAL	ZIN DATE 23c	NAME OF CEMETERY OR CREMATORY	234. LOCATION	
		PECIFY)			CITY OR TOWN	COUNTY STATE
	-	Burial	10/23/05	og.Memorial Park	Fbg. Alle	gany Md.
		INERAL DIRECTOR	57 Pm	t Ave.	TE REC'D. BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE
9	Du	rst Funeral	Home	A A A A A A A A A A A A A A A A A A A	2 9 1085 gilier	avidson-pandable

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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,0,0	3000	1. DE	CEASED NAME	FIRST		MIDDLE			LAST			DATE KNO		NTH DAY	Y YEAR	2b. HOU
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	ASE DRS. ET,			Franc		A.		ens				DEATH MAT	0	4	1985	0225
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2	N S T S S	36.	-1-	Cau		1921	6LL YRS	MONTH	DAYS	HOURS	MIN. PR	ONOUNCED DE AD	8	4	1985	0225
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	SHERE	FC	DREIGN COUNTRY)						ED NEV		ED A		_		OLA!!!	
	SAN	M	arylan	d	U.S			WIDOW		DIVORC		Alle	gany			M
	IF ANY DELAY IS NECESSARY, PLEASE, AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. BHOULD BE FILED, WITHIN 72 HOURS DRECORDS, 201 W. PRESTON STREET,	10 C	ITY OR TOWN O	FDEATH			JRSING HOME,	OR OTH	ER INSTITUT	ION	12a. USUA	OCCUPATIO	N (TYPE OF WO	DRK 12b.	KIND OF BU OR INDUST	USINESS
	PATER		Frostbe	ra			n Stre	et.			I	nvali	ď		one	
W Le	S S S S S	USU			OR OTHER INSTITUTION								~		2220	
2120	AND AND HOUSE		TATE	13b. COUP			YORTOWN		13d. INSIDE CIT		13e STREET	ADDRESS				
. 21	AND		Maryland	A1	legany		Frostbu	cg	YES 🗌	NO 🗌	48	Linden	St.	21	532	
S S		14. F.	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME	WIDDLE			LAST	
Ä,	ES PA	1	Fran	7		Yens			47	thes		Minore	P	each		
Q	PAGES 1, CORM PM CORM PM PAGES 1, CORM PM PAGES 1, PAGES	16a \	WAS DECEASED	EVER IN U.S. AR			CIAL SECURITY	٧٥.	17. INFORM	ANT		AD	DRESS 1		ater	St.
ALL	JRS AFTER DEATH.  GIVE PAGES 1, 3 WITH FORM PM.  F. PAGES L'AND 2 DIVISION OF MIA	40	ES, NO, OR UNKNOW	N) (#F YES, GIVI	E WAR OR DATES)	07.77	30 11	10	35	NT.	774.			-		
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3			18 CAUSE OF		nly ane cause per l									86	APPROXIMAT	ET AND DEATH
Z	ERMI ERMI ERMI ENE,		TARTIDEA	IMMEDIA	TE CAUSE (a) C	ardio-	pulmona	ry a	rrest						sudde	en
5	O BE EXECUTED WITHIN 24 HENDING" IN PENCIL IN ITEM MEDICAL EXAMINER ALONG AS BURBAL "TRANSIT PERNATIA ALTH AND MENTAL HYGIEN CREMATION, OR REMOVAL.		12.70				NSEQUENCE OF				1.7%			45	3	
ex Si				, if any, which		arcino	matosis									
		~ ·		ta immediate tating the under									-	-	<del></del>	
5			lying cause	last.	-		NSEQUENCE OF									
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	MEDICAL MEDICAL MEDICAL AS A BU EALTH AN	1_	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO GEA	TH BUT NOT REL	ATED TO THE TERMIN	AL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 tal.					
8	"PENDIN "PENDIN FF MEDIC ED AS A I HEALTH.	CERTIFICATION														
2		7 3	19a. DATE OF	PERATION	19b. CON	DITION FOR	WHICH OPERA	ION W	AS PERFORA	MED?				20	AUTOPSY	1?
¥		E			1 14 12 13										YES 🗌	NO X
>	NOOME 3.	1 2	210. EXTERNAL	CAUSE WAS	216 TIME	OF INJURY		21c HC	OW INJURY	OCCURRE	D LENTER NATI	URE OF INJURY IN	ITEM 18 PART 1.0	OR PART 2)	152	NO
0	HE WE THE WENT THE WILD B		UNDERLYING	OR G CAUSE OF	HOUR A	M. MONTH	DAY YEAR				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ō	FE CHES	0				.M.	19									
N N	CERTIFO TING 3 SHC DEPAI 1 PRO	MEDICAL	21d. INJURY OC	CURRED		E OF INJURY			CATION		C	ITY OR TOWN		COUNTY		STATE
Ճ	ARE ARE	1	WHILE AT WORK	AT WORK							274					017112
	JER: THIS CER CATE, WRITIN CORWARDED OR: PAGE 3 S HE STATE DEP (ND, 21201 PR				1.1					Inspection	V	. IX		- 40		
	A S S S E E		1		ge of the remains			Autap:	sy L.J.	Inspection	A,	Inquiry X,	and in m	y apınian		
	<b>Z</b> EREZE		death resulted	Iram: Natu	gal causes X	Accident	L, Suici	de 🔲	, Hamici	de .	Undeterm	nined manner	<u>.</u>			
	EXA CERT CERT CILD DIRE WAR	10	1	. (	/	)			TITLE (SP	PECIFY)						
	THOME Y		SIGNATURE_	100	1 /m	- m		м	DAst.	Dpty	MEDICA	LEXAMINER	DA	ATE {	8-4-8	5
	SET SE SE				/	3.5						TE EXAMINATION	311	SINED	700	
	AEDIC CUTE 1 SE 4 SE FUNER ER DEA		EXAMINER'S N	AME Davil	Snow, M	. D.			ADDRESS	Mom	orial	HOspit	ra1			
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	22. 0	URIAL, CREMATI				NAME OF COM		ADDRESS_				P CY T			
		230.B	SPECIFY)				NAME OF CEME				23d. LOCA	OWN		COUNTY	S	TATE
07/B4	BP		Bur:		Aug.6.	1985	Frostb	urg	Mem.	Par	k Fr	ostbu	rg, A	lleg	gany,	,Md.
25M	DHMH - 17	24 F	UNERAL DIRECT	OR	ADDR	ESS —	17.0	3.5	2	So. DATE R	REC'D. BY RE	GISTRAR 251	REGISTRAF	S SIGNA	ATURE	. 80-
	(VR A15 ME (5))	1	Durst	Funera	1 Home	Fro	stburg.	MC	le	AUG	5 08	1900	guhan	and apply	- Maria	

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FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE CERTIFICATE OF DEATH

13	- 5	1	3	
2	-	U	0,3	

	. DEC	E ASED NAME	FIRST	A	AIDDLE	i.	AST		2a DATE	OF DEATH	HINON	DAY	YEAR	2h HOU	JR
	(TYPE OR PRINT) Dan			iel David M Yon			mmer		8/9/85				5;40a "		
	1. SEX	(					OF BIRTH		, ,			IF UNDE	F UNDER 1 YEAR   IF UNDER 24 HRS		
		Male		White		~12	/24/88	1884	22	100	YRS	MONTHS	DAYS	HOURS	MIN,
4		RTHPLACE (STATE OR F	OREIGN 7	76 CITIZEN OF WHAT COUNTRY? 8			D NEVERA	AARRIEN Y	9 BALTIMORE CITY OR COUNTY OF DEATH						
1	Maryland			United States   WIDOWE			10 D	VORCED	Alleg. Co. MD.						
/	Frostburg			11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY GIVE STREET ADDRES FROS TOURS)			ity Hospital			The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saw Mill					ESS OR
5	Maryland Garr			Y	13c. CITY OR T	efore admission) rown sville	13d. INSIDE CITY LIMITS?			Star Route 2				1536	
10	14 FA	THER'S NAME	44	IDDLE	LAST			. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST							
6	10	George		Yomme		r E		izabeth	zabeth			Witzgall			
1		VAS DECEASED EVER				17 INFORMANT ROUTEDDESS Box 19									
w	(1	(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATE			159 12	2274	Cleamon Yommer, Grantsville, M								
		IS CAUSE OF DEAT	H (Enter only	one cause per	line far (a), (b), and (c).)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)			CARDIO RESPIRATORY:				CAILURE						
Н	-	DUE TO, OR AS A CONSEQUENCE OF													
		Canditions, if any,	which	OUE TO, OF	ATEL	ecTA51	SOL	Le	ING						
	- 1	gave rise to imm	nediote	) (6)									-		145
		underlying cause	DUE TO, OF	TUMOR OBSTRUCTION											
-		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1													
	Z O	ARTERIOSCIEROTIC HEART DISEASE													
7	IFICATION				DE CONDITION FOR WHICH OPERATION							ES, WERE	WERE FINDINGS USED		
1	1FK	3		NONE					YES NON YES [				ING CAUSES OF DEATH?		
0	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME O			DE INJURY 21c. HOV			HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART							
1	DOMAN I	OK CONTRIBUTING CAUSE OF DEATH			M. MONTH										
1	MEDICAL			21e PLACE (		19	ZII LOCATIO	ON							
9	ME	WHILE NOT WH	KE 🗍		EET, FACTORY, OFF	FICE FARM ETC )	STREET			CITY OR TOV	/N	COI	YINL	5	STATE
Н	33	220.1 certify that (1) (this hospital) attended the deceased from July 3/ 19 85, to August 9 19 85, that (1)													
		saw the deceased alive on AUGUST 8 19 85, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death.										ated			
	18											22	220 DATE SIGNED		
	20	57	(0 a	ano	M. D. ATTENDING PHYSICIAN				MEDICAL STAFF DIRECTOR PHYSICIAN   8/9/85						
1		226 PHYSICIAN'S N	PRINT)	22e A			ADDRESS								
	1	Dr. S. Chang						Frostburg, MD							
	1	BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)			23c. NAME OF CEMETERY OR CREMATORY				23d LOCATION CITY OR TOWN COUNTY STATE						
	B	urial	Grantsville Cemetery				Grantsville, Garrett, MD								

DHMH - 16 60M 7/B4 (VRA 15, 4)

Newman

24 FUNERAL DIRECTOR ra Teamar Grantsville, MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BEC NO

		REGISTRAR				CEN	IIICAIL OI	DEATH	REG. NO	5.		ALC: U	
			IRST	1	MIDDLE		LAST		20 DATE OF DEATH	MONTH DAT	YEAR	2b HOUR	
3	{TYPE	OR PRINT) HA	TTIE	A	NA	ZIES			August 18,	1985		2:50 p	
75	3. SEX		4. R	RACE			E OF BIRTH		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR		
/		Female	White Ju			ine 5	1903	82	YRS	NIHS DAYS	HOURS MIN.		
1	70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF				WHAT COUN	TRY? B	DIED   NEVE	R MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	Wes	st Virginia		U.S.A.	247.9		4.5	DIVORCED [	Allegan	У		M	
1	10. ⊂1	TY OR TOWN OF DEATH	/ 11.		HOSPITAL, NU		E OR OTHER IN	ISTITUTION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND C	OF BUSINESS OR	
0		mberland			Memori	al			Housewife	WORKING EIFE)	INDUSTRI	Home	
L	13a. S		COUNTY		13c CITY OR	TOWN	13d INSIDE		13e STREET ADDRESS /	ZIP CODE		7999	
1	ė		Hampsh	nire	Green	spring	YES [	NO 🕅	Rural			26722	
11	14 FA	THER'S NAME	MIDE	DLE	LAST		15. MOTHE	R'S MAIDEN NAM	MIDDLE		LA	ST	
7		Thomas	Wesle	ey P	arlett			Sara	Elizabe	th	Burton	n	
-	160 WAS DECEASED EVER IN U.S. ARMED FORCES? [YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES]				166 SOCIAL		). 17. INFOR/	TNAM	ADDRE	SS		21555	
9					233-9	6-9378	Daphn	e Davis,	Rt. 1, Box	Old Town, Md.			
		18 CAUSE OF DEATH (Enter only one couse per line for 10 ), (b), and (c)  APPROXIMATE INTERVAL BETWEEN ONSET AND DE											
		PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (D) CARDIOVASCULAR COLLAPSE											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which ( 16) TERMINAL STAGE of MUTINGTON' MAR									RAPA		
		gove rise to immediate											
		couse (a), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF ALCOHOLOGY AND ALC											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	20	W B											
1	ATI					HICH OPERA	TION WAS PER	FORMED	20a AUTOPSY?	NGS USED			
1	CERTIFICATION	NB.			NB.				YES T NO TO	NG CAUSES	CAUSES OF DEATH?		
1	CER	210. ACCIDENT WAS UNDERLYING 216 TIME C						INJURY OCCURR	ED (ENTER NATURE OF INJUR				
1	CAL				A.M. MONTH DAY YEAR				B				
	DIC	21d INJURY OCCURRED 21e PLACE				1	211 LOCA	TION					
	MEDI	WHILE NOT WHILE		I AT HOME, STR	EET, FACTORY, OF	FICE FARM ETC	STR	EET ~	CITY OR TON	VN	COUNTY	STATE	
	W	220 I certify that (I) (this haspital) attended the deceased from 8 - 1 - 1985, to 8 - 17 - 1985, that (I) (we) los											
		sow the deceased alive on 8-17- 19 % 5, and that in (my) (our) opinion death occurred on the date and have and from the causes stated											
	15	22b. SIGNATURE / DEGREE 22c. DATE SIGNED											
		Mchammad Shafue m.1). ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN											
1		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS									1		
	47	Dr. Mohamm	nad Sh	nafiei	915 Cum				Seton Drive perland, MD 21502				
	23a. B	URIAL, CREMATION, REA	MOVAL 12	3b. DATE	T	23c. NAME O	F CEMETERY O	R CREMATORY	23d LOCATION				
	(	Burial		8/22/1				Cemeterv	Greensprin	g Ham	DShir	e WW	

DHMH - 16 60M 7/84 (VRA 15, 4) M FUNERAL DIRECTOR Keith S. Shaffer Shaffer Funeral Home, Romney, West Virginia

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 23 1938 Company Registrary